



## Registration Form

**Personal details** (one form per person)

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred name for badge:** \_\_\_\_\_ (please print)

Do you wish your contact details to be included in the delegate list in the conference program? Yes/No

Do you wish to participate as a session chairperson? Yes/No  
 (please circle)

### Special requirements

Please note any specific dietary, wheelchair access or other requirements:

Full early bird registration (by 24 April 2015)	\$638 (incl GST)	<input type="checkbox"/>
Full standard registration (by 17 June 2015)	\$748 (incl GST)	<input type="checkbox"/>
Full Speaker registration (by 17 June 2015)	\$638 (incl GST)	<input type="checkbox"/>
Full Student registration (by 17 June 2015)	\$550 (incl GST)	<input type="checkbox"/>
Day Two early bird registration - 25/06/15 (by 24 April 2015)	\$330 (incl GST)	<input type="checkbox"/>
Day Two standard registration - 25/06/15 (by 17 June 2015)	\$374 (incl GST)	<input type="checkbox"/>
Day Three early bird registration - 26/06/15 (by 24 April 2015)	\$330 (incl GST)	<input type="checkbox"/>
Day Three standard registration - 26/06/15 (by 17 June 2015)	\$374 (incl GST)	<input type="checkbox"/>
Conference breakfast - 24/06/15 (by 17 June 2015)	\$38 (incl GST)	<input type="checkbox"/>
Conference breakfast & Workshop 3 (by 17 June 2015)	\$99 (incl GST)	<input type="checkbox"/>
Workshop 1 (6 hours) 9.00 am - 4.45 pm	\$132 (incl GST)	<input type="checkbox"/>
Workshop 2 (5 hours) 10.30 pm - 4.45 pm	\$110 (incl GST)	<input type="checkbox"/>
Workshop 3 (90 minutes) 9.00 am - 11.00 am	\$77 (incl GST)	<input type="checkbox"/>
Conference dinner (for other than full registrants)	\$150 (incl GST)	<input type="checkbox"/>

**\* I will / will not** (please circle)  
**be attending the Conference Dinner (included in registration)**

Total \$ \_\_\_\_\_

Participation in sessions will be allocated on a first come, first served basis and will not be pre-registered.

**Full Registration includes:**  
 Access to all sessions on 25 & 26 June 2015, morning tea, lunch, afternoon tea, Conference Dinner\*

**Please note:**  
**On completion of the registration form you have agreed to the terms and conditions of the registration process.**

### Payment

☐ **Direct Deposit** Amount: \$ \_\_\_\_\_ Bank: St George Bank  
 Account Name: Dr Edward Koch Foundation BSB: 114879 Account No: 439232756 Ref: "Your surname/business name" - Conference

### Credit card

I authorise the Dr Edward Koch Foundation to charge the stated amount as outlined above on my credit card. My signature is below for this authorisation. I acknowledge that the Foundation is not required to produce a copy of a signed and validated sales voucher to obtain payment.

Card type: Visa ☐ Mastercard ☐

**Card number:**

**Cardholder name:** \_\_\_\_\_ **Expiry date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Amount paid:** \$ \_\_\_\_\_ **Cardholder signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Cheque/Money Order** All cheques to be made out to Dr Edward Koch Foundation

Please mail or fax your completed form with payment to:

Conference Organiser, Suicide and Self-Harm Prevention Conference 2012, Dr Edward Koch Foundation

P O Box 2964, Cairns Qld 4870, Fax: (07) 40310744

For more information: Email: [admin@kochfoundation.org.au](mailto:admin@kochfoundation.org.au) Telephone: (07) 40510727 Website: [www.kochfoundation.org.au](http://www.kochfoundation.org.au)