

Registration Form

PLEASE PRINT OR TYPE AND COMPLETE ALL RELEVANT SECTIONS

If more than one delegate, please photocopy the blank form and complete

Return with payment as soon as possible to:

Vicky Spence Event Management, C/- PO box 3458 Darwin NT 0801

Tel: 0408 838 482 Fax: (08) 8981 7241 email: vicky@vseventmanagement.com.au

OR YOU CAN REGISTER ONLINE AT www.ngia.com.au



Darwin - April 19 - 22, 2010

Section A: Conference Registration

Surname _____ First Name _____ Title _____

Position _____

Accreditation NIASA, AGCAS, CNP (please circle)

Organisation _____

Mailing Address _____

City/State _____ Country _____ Postcode _____

Telephone () _____ Facsimile () _____

Mobile _____ Email _____

Will only be used in an emergency

Preferred name for name badge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Received by Feb 12, 2010

Received after Feb 12, 2010

Member	<input type="checkbox"/>	\$945	<input type="checkbox"/>	\$1095
Non-Member	<input type="checkbox"/>	\$1050	<input type="checkbox"/>	\$1250
Certified Nursery Professional	<input type="checkbox"/>	\$945	<input type="checkbox"/>	\$945
NextGen*	<input type="checkbox"/>	\$845	<input type="checkbox"/>	\$845
Day Delegate	<input type="checkbox"/>	\$320	<input type="checkbox"/>	\$395
Accompanying Person	<input type="checkbox"/>	\$300	<input type="checkbox"/>	\$350

NextGen delegates must be aged between 18-35 years and registrations must be submitted with full registration of co-worker.

NextGen Special Rate _____ (Name of co-worker full registration)

Day Registrants Nominated Day _____ (Tuesday, Wednesday or Thursday)

Accompanying Person Registration:

Partner/Guest NOT attending conference sessions

Surname _____ First Name _____ Title _____

Preferred name for name badge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sub-total Section A \$.....

Section B: Special Requirements

Note any special requirements regarding health, physical disabilities, allergies etc.

Section C: Accommodation

Please indicate your hotel preference by placing 1, 2, and 3 in the appropriate box on the registration form. The conference organiser will make every effort to arrange your first preference for accommodation as requested.

Hotel	Room Type	Rate	
Vibe Hotel Darwin Waterfront (next door to Darwin Convention Centre)	Standard Room	\$170	<input type="checkbox"/>
	Standard View Room	\$195	<input type="checkbox"/>
Medina Grand Darwin Waterfront (next door to Darwin Convention Centre)	Premier Studio	\$190	<input type="checkbox"/>
	Premier One Bedroom	\$220	<input type="checkbox"/>
Mantra on the Esplanade	Hotel City View Room	\$236	<input type="checkbox"/>
	One Bedroom	\$286	<input type="checkbox"/>
	Apartment City View One Bedroom	\$330	<input type="checkbox"/>
	Apartment Harbour View		<input type="checkbox"/>
Mantra Pandanas	Hotel Room	\$235	<input type="checkbox"/>
	One Bedroom Apartment	\$290	<input type="checkbox"/>
	Studio Apartment	\$330	<input type="checkbox"/>
Holiday Inn Esplanade (incl.Breakfast)	Superior Queen/Twin	\$190	<input type="checkbox"/>
Holiday Inn Darwin (incl.Breakfast)	Superior Queen/Twin	\$190	<input type="checkbox"/>
Crowne Plaza Darwin (incl.Breakfast)	Superior Queen/Twin	\$220	<input type="checkbox"/>
Novotel Atrium	Superior Room	\$185	<input type="checkbox"/>
Travelodge Mirambeena Resort Darwin	Standard Room	\$150	<input type="checkbox"/>

Smoking Room Non- Smoking Room

Date In / / Date Out / /

I have arranged to share with _____

A deposit equal to one night's accommodation is required to secure your booking.

Sub-section total C \$.....

Section D: Accommodation – Late Fee/Change Fee

New accommodation bookings or changes made after March 17 2010 will incur an extra administration fee of \$22

Sub-section total D \$.....

Section E: Tour Day – Tuesday April 20

If you wish to attend the tour day please complete this section. The Retail and Production Tours are included in the full registration. The Katherine Tour will incur an additional fee of \$50.

Please note: If you do not indicate a tour you will not have a place on the tour.

Retail Tour Production Tour
 Katherine Tour (\$50 payable)

Sub-section total E \$.....

Section F: Concurrent Session

Nominate preferred concurrent session:

Thursday April 22 2010:

Retail Stream Production Stream

Section G: Official Social Program:

If you wish to attend any of the functions listed, please complete this section. Although some of these activities are included in the full registration fees, this information is essential for catering purposes. Failure to indicate ✓ will be registered as non-attendance.

Full Registrants Additional Tickets Total Amount Due (No charge)

Monday April 19 – Crocosaurus Cove Welcome Function

_____ @ \$70 \$ _____

Tuesday April 20 Winners Dinner – Invitation Only

_____ @ \$70 \$ _____

Wednesday April 21 Exclusive CNP Breakfast – Invitation Only

Not available

Wednesday April 21 Territory Rig Theme Night

_____ @ \$70 \$ _____

Thursday April 22 – Conference Gala Dinner and 2010 Awards Presentation

_____ @ \$160 \$ _____

Sub-section total G \$.....

Section H: Fees Summary Sub-Total

Section A: Conference Registration and Accompanying Person Registration Fees \$ _____

Section C: Accommodation (deposit equal to one night's accommodation) \$ _____

Section D: Accommodation – Late Fee/Change Fee \$ _____

Section G: Official Social Program \$ _____

TOTAL FEES ENCLOSED \$

My cheque is attached and made payable to

“Vicky Spence Event Management – NGIA”

OR Registration faxed through, cheque to follow

OR Please debit my credit card

MasterCard Visa

Credit Card Number:

Name on Card _____

Expiry Date / /

Signature _____

Privacy Act: Australia's Privacy Legislation provides that, before your name and organisation details can be published in the list of conference delegates for distribution to fellow delegates or any other party, you must give your consent. If you DO NOT wish to have your name and details included in the delegate list please tick here.