

**ISANA International Education Association
 20th International Conference
 1 – 4 December 2009, Hotel Realm, Canberra**

Multi-Booking Registration Form: one person from your organisation must coordinate the booking and all correspondence and amendments must come via the coordinator. One confirmation will be sent back to the coordinator; not to each person listed. The coordinator is responsible for liaising with staff members and confirming their individual details, including accommodation bookings.

Organisation: _____
 Contact Name: _____
 Postal Address: _____

 Suburb/Town/City: _____ State: _____ Postcode: _____
 Telephone: _____ Facsimile: _____
 Email: _____

Registrations & Functions: List names exactly as they are to appear on the name badges. Indicate the registration category for each person and the functions they wish to attend. ① Each exhibition booth includes two exhibitor registrations. The Inclusive Exhibitors include the welcome reception and the dinner. The Additional Exhibitors only includes the welcome reception. Dinner tickets may be purchased for \$110.00.

#	Title	First Name	Last Name	Exhibitor Inclusive No Charge	Exhibitor Additional \$300.00	Welcome Inclusive	Dinner Additional \$110.00	Dinner Inclusive
1								
2								
3								
4								
5								
6								
7								
8								
Sub-total					\$		\$	
Total					\$		\$	

Special Requirements: Please note any special dietary, mobility or medical information for individual delegates. Include the delegate's name.

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Accommodation: Refer to the registration brochure or web site for the accommodation options, rates and full conditions.

#	Name	Hotel	Room Type	Arrive	Depart	Non-Smoking	Sharing with...
1							
2							
3							
4							
5							
6							
7							
8							
Comments							

Accommodation Guarantee

Credit card: The card details will be passed to the hotel as a guarantee and guest will need to pay on check-out. See the web site for conditions.

Card Type: Visa MasterCard Diners Amex

Card Holder: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Pre-payment: The following amount will be included in the tax invoice we send back. Accommodation pre-payment must be received 30 days prior to the conference.

One night per room

Full accommodation amount

Payment Summary: Payments must be received at the time of booking. Bookings without payments will not be accepted.

Registrations:	\$
Social Functions:	\$
Accommodation Pre-Payment:	\$
Total:	\$

Authorised

Signed:

Name:

Date:

Payment Options

Cheque (made payable to Conference Design)

Credit Card

Card Type: Visa MasterCard Diners Amex

Card Holder:

Card Number:

Expiry Date:

Signature:


EFT


Date: Reference:

BSB: 017 324
Account #: 1085 82575
Account Name: Conference Design
Bank: ANZ, Sandy Bay Branch
Swift Code: ANZBAU3M

Send the completed form to: Conference Design Pty Ltd

 info@cdesign.com.au

 03 6231 2999

 03 6231 1522

 228 Liverpool Street, Hobart TAS 7000