

AUSTRALIAN FOUNDRY INSTITUTE 2009 EXPO

REGISTRATION FORM - TAX INVOICE - ABN 89 002 663 245

Privacy and Delegate Policy: In registering for this conference I agree to relevant details to be incorporated into a delegate list for the benefit of all delegates (name and institution only) and may be made available to parties directly related to the conference including the AFI, Conference Plus, venue and accommodation providers (for the purpose of room bookings and conference options) and key sponsors (subject to strict conditions).

I do not wish to have my name placed on the delegate list –

Please indicate No

SECTION A: DELEGATE INFORMATION

Title..... Surname.....
Given Name.....
Position.....
Company/Organisation.....
Address.....
City..... State..... P/code.....
Phone..... Fax.....
E-mail.....
Dietary Requirements.....
Other: eg Wheelchair access.....
Preferred name for name badge.....
Accompanying Partners Name.....

SECTION B: REGISTRATION FEES

Full Delegate and Speakers Registration fee includes:

Conference Proceedings and satchel, admission to all conference sessions, exhibition, morning/afternoon tea, lunch each day and the Official Welcome Function, AFI Night at Bobby McGees, Happy Hours and the MCG Conference Dinner.

Day Registration fee includes:

Admission to all conference sessions, exhibition, morning/afternoon tea, lunch and happy hour on the day of attendance.

Partners Registration fee includes:

Admission to the Presidents Welcome Function, AFI Night at Bobby McGees, Happy Hours and the MCG Conference Dinner.

Early Bird Registration up to August 14th 2009

Full Registration \$620.00 = \$.....

Standard Full Registration after August 7th 2009

Full Registration \$700.00 = \$.....

Speakers FULL Registration \$390.00 = \$.....

Partners FULL Registration \$300.00 = \$.....

Day Registration: \$150.00 per day = \$.....

Please indicate Mon Tues Wed

Students One Day registration \$125.00 = \$.....

Total Section B = \$.....

SECTION C: ADDITIONAL SOCIAL FUNCTION TICKETS

Please note that these social functions are included in the FULL delegate registration fees. Additional tickets may be purchased for guests attending.

Presidents Welcome \$ 130.00 x No..... = \$.....

AFI Night at Bobby McGees \$ 110.00 x No..... = \$.....

MCG Conference Dinner \$ 160.00 x No..... = \$.....

Total Section C = \$.....

SECTION D: OPTIONAL SOCIAL PROGRAM

MCG & National Sports Museum - Sunday \$ 30.00 x No..... = \$.....

Please indicate 3pm 4pm

Helicopter Orbit Experiences \$ 200.00 x No..... = \$.....

Elvis Vegas Showboat Cruise \$ 105.00 x No..... = \$.....

Total Section D = \$.....

SECTION E: ACCOMMODATION

Accommodation has been 'block booked' by Conference-Plus for AFI delegates at all listed hotels to ensure availability and to provide an efficient and convenient reservation service.

Hotel Preference

Single Double/Twin Apartment

Smoking Non Smoking Room Type

Check in date..... Check out date.....

Arrival Time..... Departure Time.....

I have arranged to Twin share with

Accommodation deposit/prepayment = \$.....

A cheque deposit of one rooming night is required to secure your accommodation or prepay in full. Alternatively your credit card details will suffice - see below.

SECTION F: PAYMENT SUMMARY

Section B: Total Registration Fees \$.....

Section C: Total Additional Social Functions \$.....

Section D: Total Optional Social Program \$.....

Section E: Accommodation CHEQUE DEPOSIT/PREPAYMENT \$.....

TOTAL FEES ENCLOSED (GST inclusive) = \$.....

PAYMENT METHODS

Credit Card Payment online or by faxing this document to Secretariat

Visa Mastercard Bankcard

Card Number

Expiry Date...../.....

Name on Card.....

I agree for my credit card details as shown to be debited to the value of \$..... for my registration and for my credit card details to be forwarded to the hotel of my choice to secure my accommodation. No transactions are processed until check in.

Signature.....

CHEQUE PAYMENT: Made payable to: "AFI Conference Committee Inc"

Cheque number Amount: \$.....

Please indicate which form of correspondence you prefer:

Email Mail Facsimile

Cancellation Policy: A refund of registration fees, less an administration charge of \$150.00 (including GST) will only be available providing written notification of your cancellation is received prior to August 15th 2009. No refunds after this date. Substitutions may be made at any time.

CONFERENCE SECRETARIAT

Conference Plus: 369 Royal Pde Parkville 3052

Phone: +61 3 9330 2813 or 1300 558 397 • Fax: +61 3 9310 3643

Email: Luba.Richards@conferenceplus.com.au

On-Line registrations to the conference are available on:

Conference Website: www.afivic.com.au/afi2009

AFI 2009 Peppers Moonah Links Resort

BOOKING FORM

Please photocopy and retain this document for your records. Return form by fax/mail together with payment to reach:

**Conference Secretariat
Conference Plus**
369 Royal Pde Parkville 3052
Phone: +61 3 9330 2813 • Fax: +61 3 9310 3643
Email: Luba.Richards@conferenceplus.com.au

Section A: Partners touring registration details

Title..... Surname.....
Given Name.....
Address.....
City..... State..... P/code.....
Phone..... Fax.....
E-mail.....
Dietary Requirements.....
Other: eg Wheelchair access.....
Partners Name
Preferred names for name badges.....

Section B: The Moonah Links weekend package

Saturday 26th September

Luxurious overnight accommodation including a full buffet breakfast in Pebbles restaurant, AFL BBQ lunch to kick of the Grand Final Match viewable on a 10 x 7.5' screen in an Executive Lodge overlooking the 18th hole of the world class Open Golf Course followed by a 2 course Dinner in Pebbles restaurant. Cash bar with Special AFI discounts for lunch and dinner.

TWIN SHARE ACCOMMODATION (including all of the above) @ \$218.00pp = \$.....

FOR SINGLE ACCOMMODATION ADD..... \$88.00 = \$.....

Sunday 27th September

AFI Golf Competition – includes 18 holes of Golf, Motorised Cart, Lunch and golf Awards presentation with a sponsored beverage package. Shot Gun Tee of at 8.00am with a 12.30pm finish time. Drinks cart available on every 6th hole. Cash bar.

GOLF PACKAGE x..... @ \$97.00 = \$.....

GOLF CLUBS x..... Left Handed @ \$50.00 = \$.....

GOLF CLUBS x..... Right Handed @ \$50.00 = \$.....

PARTNERS OPTIONS

Luxurious overnight accommodation including a full buffet breakfast in Pebbles restaurant, AFL BBQ lunch to kick of the Grand Final Match viewable on a 10 x 7.5' screen in an Executive Lodge overlooking the 18th hole of the world class Open Golf Course followed by a 2 course Dinner in Pebbles restaurant. Cash bar with Special AFI discounts for lunch and dinner

Endota Day Spa AFI Special

½ hr Facial & ½ hr massage x..... @ \$90.00 = \$.....

Tai Chi x..... @ \$50.00 = \$.....

Transfers from airport and back to MCG x..... @ \$50.00 = \$.....

TOTAL FEES ENCLOSED = \$.....

Payment methods

Credit Card Payment online or by faxing this document to Secretariat

Visa Mastercard Bankcard

Card Number

Expiry Date/...../.....

Name on Card.....

Your signature authorizes your credit card to be charged for the total payment due of \$.....

Signature.....

CHEQUE PAYMENT

Made payable to: "AFI Victoria National Conference Committee Inc"

Cheque number

Amount: \$.....

Please indicate which form of correspondence you prefer:

Email Mail Facsimile

DISCLAIMER OF LIABILITY

A minimum and maximum number of participants is required for these tours to proceed. The touring company reserves the right to cancel or substitute any tours should in the event of the required numbers not being reached alternatively prices may be negotiated to suit the number of participants.

CANCELLATION POLICY

Cancellation up to 30 days out ie August 26th are permitted.
Refunds will not be permitted less than 30 days out.



AFI Conference Partners Touring Program

BOOKING FORM

Please photocopy and retain this document for your records. Return form by fax/mail together with payment to reach:

Conference Secretariat
 Conference Plus
 369 Royal Pde Parkville 3052
 Phone: +61 3 9330 2813 • Fax: +61 3 9310 3643
 Email: Luba.Richards@conferenceplus.com.au

PLEASE NOTE THAT ALL THE FOLLOWING OPTIONAL TOURS ARE IN ADDITION TO THE PARTNERS REGISTRATION FEE OF \$300

Section A: Partners touring registration details

Title..... Surname.....
 Given Name.....
 Address.....
 City..... State..... P/code.....
 Phone..... Fax.....
 E-mail.....
 Dietary Requirements.....
 Other: eg Wheelchair access.....
 Preferred name for name badge.....
 Conference Delegates Given Name & Surname.....

Section B: Partners tours

“JERSEY BOYS” PRINCESS THEATRE

x..... @ \$135 Adults & children = \$.....

MELBOURNE CITY SIGHTS & YARRA RIVER CRUISE

x..... @ \$89 Adults • \$44 child = \$.....

QUEEN VICTORIA FOODIES TOUR

x..... @ \$32 Adults • \$27 child = \$.....

QUEEN VICTORIA SHOP “N” COOK TOUR

x..... @ \$87 Adults • \$65 child = \$.....

CHOCOLATE, FASHION & ARCADES TOUR

x..... @ \$60 for Adults and children = \$.....

TOTAL FEES ENCLOSED = \$.....



Payment methods

Credit Card Payment online or by faxing this document to Secretariat

Visa Mastercard Bankcard

Card Number

Expiry Date/.....

Name on Card.....

Your signature authorizes your credit card to be charged for the total payment due of \$.....

Signature.....

CHEQUE PAYMENT

Made payable to: “AFI Victoria National Conference Committee Inc”

Cheque number

Amount: \$.....

Please indicate which form of correspondence you prefer:

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