

SOUNDS GREAT! 2009 REGISTRATION

Please return this form to the Conference Secretariat *aMuse* by Friday 3 July 2009. Fax to 03 9349 1052 or email to info@soundsgreat.org.au

Name _____

School/organisation _____

School address _____

Suburb/town _____

Postcode _____

Telephone _____

Fax _____

Email _____

Home address _____

Home suburb/town _____

Home postcode _____

Home phone _____

Mobile _____

I am a member of _____

I am a full time tertiary student at _____

School System (please indicate)

Government Catholic Independent Private Tertiary

Region (please indicate)

East Metro South Metro West Metro North Metro
 Gippsland Barwon SW Loddon Campaspe
 Grampians Hume Interstate International

Special dietary requirements _____

I will **I will not**
be attending the pre-conference reception on 16 July

I have read the cancellation/change policy

PAYMENT/TAX INVOICE

All prices include GST ABN 43 759 283 802

_____ **Cheque/money order enclosed for \$** _____

_____ **Please invoice my school on purchase order number** _____

_____ **Please debit Visa/Mastercard for the amount of \$** _____

Name of cardholder _____

Signature _____ Expiry _____

REGISTRATION

Full registration @ \$375 \$ _____
includes Gala Concert

Friday only @ \$165 \$ _____

Saturday only @ \$165 \$ _____

Sunday only @ \$150 \$ _____

Any 2 days @ \$275 (indicate below) \$ _____

Friday Saturday Sunday

(full time tertiary students may register for half price)

EXTRAS

Conference dinner @ \$65 \$ _____

Gala concert ticket @ \$25 \$ _____

TOTAL \$ _____

CLINIC SELECTION

1 Preference 1
Preference 2

2 Preference 1
Preference 2

3 Preference 1
Preference 2

4 Preference 1
Preference 2

5 Preference 1
Preference 2

6 Preference 1
Preference 2

7 Preference 1
Preference 2

8 Preference 1
Preference 2