

SOUNDS GREAT 2011 REGISTRATION

Please return this form to the Conference Secretariat by Friday 1 July 2011. 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 14 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 \$** _____
(cheques payable to aMuse)

_____ **EFT: ASSOCIATION OF MUSIC EDUCATORS BSB 063 116 ACCOUNT NUMBER 10022440**
(please email remittance to jackie.allan@amuse.vic.edu.au)

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

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

Name of cardholder _____

Signature _____ Expiry _____

REGISTRATION

Full registration @ \$395 \$ _____
 Friday only @ \$185 \$ _____
 Saturday only @ \$185 \$ _____
 Sunday only @ \$160 \$ _____
 Any 2 days @ \$275 (indicate below) \$ _____
 Friday Saturday Sunday
(Full time tertiary students may register for half price.
Student ID required)

EXTRAS

Conference dinner @ \$75 \$ _____
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

9 Preference 1
Preference 2