



RFSA

RFSA Conference 2011

REGISTRATION FORM

IMPORTANT REGISTRATION INFORMATION

- Online Registration is preferred. Please visit our secure website www.rfsaconference.org.au to register and book your accommodation. **Please note all online registrations require immediate credit card payment or cheque payment.**
- All cheque payments incur an additional AUD\$10.00 processing fee.
- Cheques must be accompanied by a completed registration form and sent to the address on this form.
- Cheque payments will only be accepted up until **28 April 2011**. After this date, all registrations and accommodation bookings must be submitted with credit card details.
- If paying by cheque please complete the form and mail immediately with your cheque payable to **RFSA Conference 2011**.
- Please refer to the Conference website for full terms and conditions.
- You may **not** pay your fees by Electronic Funds Transfer (EFT).

Please print clearly or type and keep a photocopy of this form for your records or register online. The information submitted will be reproduced in the delegate list at the conference and be used for all mailings. Please ensure the information you complete is correct.

Please forward this form and payment by to:

RFSA Conference 2011 Managers
GPO Box 128
SYDNEY NSW 2001
Or via Fax to: +61 9267 5443

A. DELEGATE

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (please tick)
FAMILY NAME	
GIVEN NAME	
ORGANISATION / ASSOCIATION	
POSITION	
STREET ADDRESS	
CITY/SUBURB	STATE
COUNTRY	POSTCODE
TELEPHONE	
MOBILE PHONE	
FAX	
EMAIL	
PREFERRED NAME ON NAME BADGE	

B. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

Category	Early Bird Before 16 April 2011	Standard from 16 April 2011
RFSA Registered Member	<input type="checkbox"/> Included in RFSA Membership	<input type="checkbox"/> Included in RFSA Membership
Member of RFSA Sister Association	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Non Member	<input type="checkbox"/> \$750	<input type="checkbox"/> \$900

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form.

B. Sub-Total Registration Fee: A\$

RFSA MEMBERS ONLY

If you have selected RFSA Member Registration you are required to complete the following information:

Brigade	
District	
Zone	
RFSA Division	
Firezone Number (if known)	

C. ACCOMMODATION

- All hotel accommodation bookings must be accompanied by a minimum one night's room rate or credit card details in order to secure a reservation.
- Deposit is non-refundable at 12 May 2011.
- Bookings made on or after 12 May 2011 must be secured with credit card details.
- Cancellations must be notified in writing to the Conference Managers.

Hotel and Deposit Requirements

Hotel	Room Type	Room Only Rate per room per night	Bed & Breakfast Rate per room per night
Opal Cove Resort	Resort Room SGL	<input type="checkbox"/> A\$140.00	<input type="checkbox"/> A\$150.00
	Resort Room DBL/TWN	<input type="checkbox"/> A\$140.00	<input type="checkbox"/> A\$160.00
	2 Bedroom Villa	<input type="checkbox"/> A\$240.00	NA
	3 Bedroom Villa	<input type="checkbox"/> A\$298.00	NA
	4 Bedroom Villa	<input type="checkbox"/> A\$450.00	NA

Single Double Twin

Please Note:

- The above rates include the Australian Goods and Services Tax (GST).
- Rates may increase without notice due to changes in government charges, taxes or levies.
- Room only rates do not include breakfast.
- Bed and breakfast rates include full buffet breakfast.
- A minimum one night's deposit must be paid or credit card details given at time of booking to guarantee reservation.

Please indicate below whether you wish to pay for your entire stay:

- Yes, I wish to pay for my entire stay now
- No, I only wish to pay the one night's deposit now

If your first preference of hotel, as indicated above, is not available, the Conference Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference _____

I do not require the Conference Managers to book accommodation for me. I have made my own arrangements. I will be staying:

- _____ (name of hotel)
- With friends or family

Important - Please complete this section

Arrival/Check in Date _____ Estimated Time of Arrival _____
Departure/Check out Date _____ Estimated Time of Departure _____

I wish to guarantee early check in by pre-booking and paying for the previous night on
____/____/____

I will be sharing this room with _____

Special Requirements e.g. smoking/ non smoking room (subject to availability)

C. Sub-Total Accommodation: A\$

D. SOCIAL PROGRAM

NOTE: All fees include the 10% Goods and Services Tax (GST).

Included Social Program

The Exhibition Launch Barbeque, Welcome Reception and Conference Dinner are included in the registration fee for delegates. For catering purposes please indicate below if you will be attending these events.

Additional tickets to the Conference Dinner can be purchased at a cost of \$80 per person. If you would like to purchase additional tickets to the Conference Dinner please indicate below.

Included Social Program	Included (Please Tick)	No. Additional Tickets Required
Exhibition Launch Barbeque Date: Friday 17 June 2011 Time: 1300 – 1400	<input type="checkbox"/>	

Welcome Reception Date: Friday 17 June 2011 Time: 1730 – 1930	<input type="checkbox"/>	
Conference Dinner Date: Saturday 18 June 2011 Time: 1930 – 2330 Venue: C.Ex. Club, Coffs Harbour Additional Tickets: \$80 per person	<input type="checkbox"/>	

Optional Social Program

The Golf Afternoon is not included in the registration fee for delegates. Please indicate if you would like to purchase a ticket below.

Optional Social Program		No. Tickets Required
Golf Afternoon Date: Sunday 19 June 2011 Time: 1400 – 1700 Venue: Opal Cover Resort Golf Course Tickets: \$40 per person	N/A	

D. Sub-Total Social Tickets: A\$

E. ADDITIONAL INFORMATION

Dietary Requirements:

If you have any special needs please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

- Gluten Free
 Halal
 Kosher
 Lactose Intolerant
 Allergy to Nuts
 No Seafood
 Vegetarian
 Vegan
 Other

(Please indicate) _____

If you have selected Halal or Kosher you will be supplied with a Vegetarian meal. If you wish to discuss this please contact the Conference Managers.

F. PRIVACY

YES – I consent to receiving information from **arinex** pty limited or other organisations on related products or services from time to time.

- No, I do not consent

YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Conference

- No, please do not include my details in the Delegate List

G. PAYMENT AND CONDITIONS

Section B	Registration Fee	A\$
Section C	Accommodation	A\$
Section D	Social Program	A\$
Cheque processing fee (If paying by cheque add \$10)		A\$

NOTE: Registrations will not be processed or confirmed until payment in full is received.

G. TOTAL FEES ENCLOSED: A\$

