

## 2003 STATE CONFERENCE Friday 12<sup>th</sup> & Saturday 13<sup>th</sup> September 2003

Atrium Hotel, Mandurah

### Conference Registration

<b>Personal Details</b>	Title		First Name		Surname	
	School or Organisation					
	Position					
	Postal Address				PostCode	
	Phone			Fax		Email
<b>Membership type</b>	<input type="checkbox"/> Personal		<input type="checkbox"/> School		<input type="checkbox"/> Other	
	<input type="checkbox"/> Non member					
<b>Other information</b>	Job Category: Teacher / Lecturer / Parent / Student / Other					
	Institution: Primary / Secondary / Tertiary / Other					
	Institution type: Gov't / Catholic / Independent / Other					
Do you agree to your contact details being made available to other delegates and conference sponsors? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>2 day Registration 12th &amp; 13th September</b>	<b>Early bird</b>		<input type="checkbox"/> \$295 member		<input type="checkbox"/> \$345 non member *	
	<b>After 1<sup>st</sup> August</b>		<input type="checkbox"/> \$335 member		<input type="checkbox"/> \$385 non member *	
* Non members registration fee includes 12 months individual ECAWA membership						
<b>1 day Registration</b>	<b>Early bird</b>		<input type="checkbox"/> \$150 member		<input type="checkbox"/> \$200 non member *	
	<b>After 1<sup>st</sup> August</b>		<input type="checkbox"/> \$190 member		<input type="checkbox"/> \$240 non member *	
Please indicate if you will be attending on: <input type="checkbox"/> Friday or <input type="checkbox"/> Saturday						
<b>Partner Registration</b>	<input type="checkbox"/> <b>\$120.00</b> Your partner is welcome to share your accommodation and attend the Conference Dinner on Friday 12 <sup>th</sup> September. Name: .....					
	<input type="checkbox"/> <b>\$70.00</b> Payment of the single supplement ensures a private room. Accommodation will otherwise be shared.					
<b>Single Supplement</b>	Please indicate special requirements eg. dietary, access, other .....					
	I would like to share a room with .....					
<b>Payment details</b>	<input type="checkbox"/> Cheque enclosed		<input type="checkbox"/> Bank Card		<input type="checkbox"/> Master Card	
	<input type="checkbox"/> Visa					
	Card no. ____ / ____ / ____				Expiry ____ / ____	
	Name on Card				Signature	
Amount \$						

### Full Conference Registration includes:

- 2 full days of professional development
- Poster Display
- Conference bag and program
- Trade Display
- Accommodation on Friday night at the Atrium Hotel with breakfast included
- All meals throughout the conference
- Conference Dinner Dance

Please complete the registration form and send with payment to:

**Conference Coordinator**  
**ECAWA Conference 2003**  
**PO Box 297**  
**CLAREMONT WA 6910**

Please make cheques payable to **ECAWA**

**An acknowledgement including details of accommodation will be sent on receipt of registration fees.** Registration prior to the conference is essential as numbers are limited.

### Refunds

**Refunds will only be possible when notice of cancellation is received in writing before Friday 1<sup>st</sup> August 2003.** After this date cancellations will attract an administration fee. It may be possible for you to send another delegate in your place without any extra fees. Please contact the Conference Coordinator to discuss this.

**Early Bird registration is available for registrations received before COB on Friday 1<sup>st</sup> August, 2003**