



**CONFERENCE REGISTRATION FORM**

**Novotel Perth Langley  
221 Adelaide Terrace, Perth WA 6000  
25<sup>th</sup> - 27<sup>th</sup> August, 2017**

I/we shall attend:

[ ] **Full Conference** (\$350 per head) (Friday evening through Sunday noon)

[ ] Donation of \$\_\_\_\_\_ towards Student Scholarship

**OR:**

[ ] Friday Night Dinner only (\$125 per head)

[ ] All Saturday Sessions inc Saturday Lunch (\$80 per head)

[ ] Saturday Night Dinner only (\$125 per head)

[ ] Sunday Morning half-day (\$35 per head)

*(Please tick appropriate boxes for part-conference registration)*

Notes: Dinner dress is lounge suit or equivalent.

**Name/s:** .....

**Address:** .....

..... **Postcode:** .....

**Telephone:** (**Mob:** ..... *(preferable)* (**Wk/Hm:** .....

**Email:** *(preferable)* .....

**Dietary Requirements:** .....

.....

**I would like to be seated at the dinners with:** .....

.....

**Option 1:** My cheque/money order is enclosed for \$ .....

**Option 2:** Direct Credit to **The Samuel Griffith Society**

BSB: 033 000 Account: 811752

Your Account Name: .....

(Please include your Name in the Reference Field)

**(Please return this form or email your details and payment notification to the address below)**