



CONFERENCE REGISTRATION FORM

**Pullman King George Square
Cnr Ann & Roma Streets, Brisbane QLD 4000
3rd - 5th August, 2018**

I/we shall attend:

[] **Full Conference** (\$375 per head) (Friday evening through Sunday noon)

[] Donation of \$ _____ towards Student Scholarship

OR:

[] Friday Night Dinner only (\$130 per head)

[] All Saturday Sessions inc Saturday Lunch (\$90 per head)

[] Saturday Night Dinner only (\$130 per head)

[] Sunday Morning half-day (\$40 per head)

Pre/Post Conference Tour – details still to be confirmed

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:

(Don't forget to include your Name in the Reference Field)

Option 3: Credit Card: Visa MasterCard

Card No: ____ / ____ / ____ / ____ Exp: ____ / ____

CVV: ____ Name on Card: _____ \$.....