



**Women's Sport  
Inspire • Lead • Succeed  
27 October 2009 • Caulfield Racecourse  
Registration Form**

**Personal Details**

<b>Participant One:</b>		
Title (Mr/Mrs/Ms/Miss)	First Name:	Last Name:
Position:	Organisation:	
Postal Address:		
State:	Postcode:	Phone:
Email:		

<b>Participant Two: (if applicable)</b>		
Title (Mr/Mrs/Ms/Miss)	First Name:	Last Name:
Position:	Organisation:	
Postal Address:		
State:	Postcode:	Phone:
Email:		

**Ticketing Information**

Conference – Registration open until COB: Tuesday 13 October 2009	\$140.00 per person
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**REGISTRATION TOTAL: (Qty) \_\_\_\_ x \$140.00 = \$ (AMOUNT DUE)**

**Payment Conditions**

<p>A tax invoice will be sent after registration form has been received. Alternatively, if requested a tax invoice can be generated prior to payment to assist with processing payment.</p> <p><b>Registration cancellations</b> must be made in writing to <b>vicsport</b>, Level 3 Sports House, 375 Albert Road, South Melbourne, VIC, 3205. Cancellations made within two weeks of the event will not be refunded. Any cancellation submitted before 13 October, 2009 will receive a 50% refund. Attendee details are transferrable if a participant is unable to attend.</p> <p>The conference organising committee reserves the right to change the topics and presenters where necessary without notice.</p> <p><b>Privacy Policy</b> can be viewed at <a href="http://www.vicsport.asn.au/privacy">www.vicsport.asn.au/privacy</a></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Payment Details</b></td> </tr> <tr> <td><input type="checkbox"/> Cheque enclosed – payable to <b>vicsport</b></td> </tr> <tr> <td><input type="checkbox"/> Electronic Funds Transfer to: BSB: 033-157      Account: 20-0052 Please use your name as the reference</td> </tr> <tr> <td><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard</td> </tr> <tr> <td>Card Number: .....</td> </tr> <tr> <td>Name on Card: .....</td> </tr> <tr> <td>Exp: .....</td> </tr> <tr> <td>Signature: .....</td> </tr> </table>	<b>Payment Details</b>	<input type="checkbox"/> Cheque enclosed – payable to <b>vicsport</b>	<input type="checkbox"/> Electronic Funds Transfer to: BSB: 033-157      Account: 20-0052 Please use your name as the reference	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card Number: .....	Name on Card: .....	Exp: .....	Signature: .....
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Name on Card: .....									
Exp: .....									
Signature: .....									

**Please return completed registration form to Amber Bleechmore:**  
**Email:** womensport@vicsport.asn.au  
**Fax:** 03 9696 7931  
**Post:** Level 3 Sports House 375 Albert Road  
 South Melbourne VIC 3205

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