

REGISTRATION FORM

WCAA 2016 Secretariat ABN: 76 570 747 016 GPO Box 3270 Sydney NSW 2001

Phone: +61 2 9254 5000 • Fax: +61 2 9251 3552

- Please complete one form for each registrant •
- All fees are quoted in Australian dollars (AUD) and are inclusive of GST •

| Section 1 – PERS | ONAL DETAILS | | | | | | |
|----------------------|--------------------------------------|-------------------------------|---------------|------------------|----------|-----------------------------|--|
| Title | | | | | | | |
| | Last Name | | | | | | |
| Position | | | | | | | |
| Organisation | | | | | | | |
| Address | | | | | | | |
| | | City | /Suburb | | | | |
| State | | _ Postcode | Cou | Country | | | |
| Telephone* | | Facsimile* | | | | ountry + Area Code required | |
| Email Address | | | | | | | |
| | | | | | | | |
| Section 2 – REGIS | STRATION FEES | | | | | | |
| Please indicate you | ur registration category i | by ticking the appropr | riate box | | | | |
| | | | | Data | | Places tiek | |
| | ration type Cities and Active Cor | nmunities for Older | Adults | <i>Rate</i> \$75 | | Please tick | |
| | | | | | | <u> </u> | |
| | | | REGISTR/ | ATION FEE TO | TAL: \$_ | | |
| | | | | | | | |
| Section 3 – SUMN | IARY OF PAYMENTS | | | | | | |
| | | | | | | | |
| Section 2 | Registration Fees | | | | \$ | | |
| | | | TOTAL P | TOTAL PAYMENT : | | | |
| | | | | | | | |
| METHOD OF PAY | MENT - All payments m | ust be made in Austra | lian dollars. | | | | |
| □ Cash | ☐ Credit card | | | | | | |
| | | | | | | | |
| If you wish to pay b | ny credit card, please co | mplete the following: | | | | | |
| □ Vice | □ MactorCord | □ Amov | □ Dinore | | | | |
| ☐ Visa | ☐ MasterCard | ☐ Amex | ☐ Diners | | | | |
| | | | | | | | |

| Credit Card Number | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Card Holder's Name | | | | | |
| Expiry Date/Signature | | | | | |
| • Please note that debits to your credit card will appear as ICMS Australasia on your credit card statement. | | | | | |
| □ I consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in accordance with and for the purpose outlined above. | | | | | |
| Signature: Date: | | | | | |