



# AIE National Conference 2019 REGISTRATION FORM

*Full Name:	Business Name	
*Full Name:	Business Name	
*Postal Address:	*State:	*P/Code:
*Email:	*Mobile/Home Tel:	
Dietary Requirements:		

**\*mandatory fields**

Early Bird AIE MEMBERS & PARTNERS	NON MEMBER
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**Please note Early Bird Full Registration closes 6 September 2019**      *Prices are per person and include GST*  
**Cancellations received after 27 September 2019 are non-refundable. Substitutions are permitted.**

All Education Sessions, Social Functions and return coach transfers (Early Bird)	\$495 x _____ TOTAL \$ _____	\$595 x _____ TOTAL \$ _____
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**1. Full Registration 3-6 October (inclusive)**

All Education Sessions, Social Functions and return coach transfers	\$595x _____ TOTAL \$ _____	\$695 x _____ TOTAL \$ _____
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**2. Partial Member Registration by Day** (Please indicate number attending)

<b>Friday 4 October</b> includes all Education Sessions morning tea, lunch & afternoon tea	\$160x _____ TOTAL \$ _____	\$195 x _____ TOTAL \$ _____
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<b>Saturday 5 October</b> Includes all Education Sessions, morning tea & lunch	\$150 x _____ TOTAL \$ _____	\$180 x _____ TOTAL \$ _____
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**3. Individual Tickets**

<b>Opening Graduation Dinner – Thursday 3 October</b>	\$145 x _____ TOTAL \$ _____	\$175 x _____ TOTAL \$ _____
<b>Mystery Dinner – Friday 4 October</b> includes coach transfers	\$145 x _____ TOTAL \$ _____	\$175 x _____ TOTAL \$ _____
<b>Chairman’s Gala Dinner – Saturday 6 October</b>	\$145 x _____ TOTAL \$ _____	\$175 x _____ TOTAL \$ _____

*This document will be a tax invoice for GST when you make a payment. A list of all delegates is given to Sponsors. If you do not wish your name to be included, please tick here*  Please make cheques payable to: **The Australian Institute of Embalming.**

**Registrations must be accompanied by full payment. The Payment amount is for \$ \_\_\_\_\_**

**Bank transfer**       **Below are my credit card details**

<p><b>When making a bank transfer please include <span style="color: red;">YOUR NAME IN THE REFERENCE FIELD</span> so we can identify where the payment has come from.</b></p> <p><b>Swift Code: ANZBAU3M</b>  <b>ANZ Bank BSB: 013-345</b>  <b>Account Number: 110274723</b></p> <p><b>To register, please email, fax or post this form to:</b>  AIE, PO BOX 291, KEW EAST VIC 3102  PHONE: 03 9859 9966 FAX: 03 9819 7390  EMAIL: <a href="mailto:aie@afda.org.au">aie@afda.org.au</a></p>	<p style="text-align: center;">Type of Card: VISA / M/CARD</p> <p>Name on Card: _____</p> <p>Card No: _____ / _____ / _____ / _____</p> <p style="text-align: center;">Expiry Date: ___ / ___</p> <p>Cardholder Signature: _____</p>
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