

5th Australian Stream Management Conference
Monday 21 to Friday 25 May 2007
Albury Convention & Performing Arts Centre

Conference Secretariat
Countrywide Conference Management
PO Box 5013, ALBURY, NSW 2640
Ph (02) 6023 6300, Fax (02) 6023 6355
E-mail: 5asm@ccem.com.au

Conference Registration Form



Please complete one form for each delegate attending

Delegate Details

Surname _____ Title (please circle) Mr, Mrs, Ms, Dr, Prof, Other _____

First Name _____

Organisation Name _____

Postal Address _____

City _____ State _____ Postcode _____

Ph (____) _____ Fax (____) _____ Mobile _____

E-mail _____

Accommodation Requirements – see registration brochure for details

Room Type required: Single Double Twin Suite

1st preference (motel name as per registration brochure) _____

2nd preference (motel name as per registration brochure) _____

Smoking Non Smoking

Arrival date _____ Departure date _____ Number of nights _____

If twin, sharing with _____

Should you require accommodation alternatives please call Bradley Hayden on the numbers overleaf.

Special Requirements

Please indicate if you have any special dietary, access or other requirements _____

Cancellation & Privacy Policies

Please ensure you have read and understood the policies on the attached registration form. By completing and submitting this registration form you are deemed to have accepted these policies.

I acknowledge the privacy policy and give permission for my details to be disclosed (no tick will be taken as a yes) Yes No

Please confirm your attendance

Please confirm your attendance at the following elements of the conference.	Please tick as required	
	Yes	No
Monday - Welcome Reception		
Tuesday - Conference sessions		
Tuesday - Informal Dinner		
Wednesday – Conference sessions		
Wednesday – Field Trips		
Thursday – Conference sessions		
Thursday Evening – Conference Banquet		
Friday – Conference sessions		

Please confirm the field trip you wish to book for. (Please indicate your 1 st & 2 nd preference in case your first choice is booked out)		
	1 st preference	2 nd preference
Field Trip 1 - Banyandah		
Field Trip 2 - Wonga wetlands		
Field Trip 3 – Dights Creek		
Field Trip 4 – Mitta Mitta		
Field Trip 5 – River Tender		
Field Trip 6 – Heritage River		

Payment – see registration brochure for details on each of the following areas

Tax Invoice – Charles Sturt University – ABN – 83 878 708 551

		Amount Paid
Delegate Registration - Earlybird (before 19 March 2007)	\$550	\$ _____
Delegate Registration (after March 19)	\$650	\$ _____
Student Registration* (<i>please complete section below - before form is submitted</i>)	\$450	\$ _____
Day Registration only (please indicate which day) Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs <input type="checkbox"/>	\$180	\$ _____
Welcome reception (if being purchased separately to registration fee)	\$20	\$ _____
Tuesday evening Poster Session (if being purchased separately)	\$20	\$ _____
Tuesday night Informal Dinner (if being purchased separately to registration fee)	\$40	\$ _____
Thurs Conference Banquet (if being purchased separately to registration fee)	\$125	\$ _____
Accommodation Deposit (held as a credit for your arrival)	\$100 per room	\$ _____
<small>Note – if paying by credit card, deposit will not be debited. Card details will be passed on to motel as guarantee only</small>		
(ALL AMOUNTS SHOWN INCLUDE GST)	Total Amount Due	\$ _____

*** STUDENT REGISTRATION - \$ 450**

Institution: **Student Number:**
Supervisor name and Signature:

Cheque enclosed Charge my: Master Card Bankcard Visa (Amex & Diners not accepted)
 If paying by cheque make payable to: **“Charles Sturt University”**

Card Number _____/_____/_____/_____

Cardholder's Name: _____ Expiry Date _____

Signature _____

EFT payment

BSB – 082 406 Account number – 54509 4297 Bank – National Aust bank. Account Name – Countrywide Conference Managemen
 Reference – 5ASM. Please ensure you fax or email details of your EFT payment. If EFT advice is not received then payment may
 be associated with your registrations – and **your registrations may not be processed.**

Forward registration form to:

5ASM Conference
 PO Box 5013
 ALBURY NSW 2640

Ph (02) 6023 6300
 Fax (02) 6023 6355
 Mobile 0412 461 392
 E-mail: 5asm@cce.com.au

All registrations will be confirmed in writing after receipt of registration form with payment.