

Registration Form for the 2008 Conference



	NON-MEMBER	MEMBER
Both Days	\$825	\$650
Friday 17 Oct.	\$600	\$450
Saturday 18 Oct.	\$500	\$350
Individual Session	\$300	\$250
Dinner Thursday 16 Oct.	\$165	\$140

STUDENTS
Students may attend the Conference at 30% of the members rate

CORPORATE REGISTRATION
For every two full registrations, the third person attends the Conference FREE

COUNCILS AND LOCAL GOVERNMENT
For every full registration, the second person attends the Conference FREE

Name: _____ Firm: _____
 Address: _____ Tel: _____
 Mob: _____ Email: _____

I wish to attend:

Both Days	\$
Friday 17 October	\$
Saturday 18 October	\$
Individual Session Please Nominate	\$
Dinner: Thursday 16 Oct. @ Pacific Dining Room Beach Hotel, Byron Bay	\$
Dinner Partner	\$
Membership I wish to join EPLA (Complete Application Form below)	\$ _____

Total to Pay

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

I HAVE BOOKED ACCOMMODATION AT — _____

I REQUIRE BUS COLLECTION YES NO

Please send to: Michele Kearns
 Martin Place Chambers
 Level 6, 65 Martin Place,
 DX 130 Sydney
 Tel. 8227 9600 • Fax. 8227 9699
 Mob. 0419 621161

EPLA (NSW) Inc. ABN 54 158 326 831

PLUS 10% GST

TOTAL PAYABLE

\$ _____

I enclose a cheque for \$ _____ payable to the EPLA (NSW) Inc or charge my credit card:

Mastercard Bankcard Visa

Credit Card details: _____ / _____ / _____ / _____

Exp. Date: _____ Name on Card: _____ Signature: _____

TAX INVOICE & RECEIPT

Membership Application Form



Surname: _____ Title: _____
 Other names: _____ Occupation: _____
 Organisation: _____ Position: _____
 Postal Address: _____ Postcode: _____
 DX: _____ Email: _____
 Telephone: _____ Facsimile: _____
 Areas of Interest: _____

Membership Fees (Fees are inclusive of GST)

<input type="checkbox"/> Individual \$181.50	<input type="checkbox"/> Student – Fulltime: Course _____	\$44
<input type="checkbox"/> Corporate Rate – Firms/Floors (please list all names to be registered)		\$605
<input type="checkbox"/> Corporate Rate – Councils and Government Departments <i>Discount for Outer Metropolitan or Country members (less 25% each)</i>		\$363

I enclose a cheque for \$ _____ payable to the EPLA (NSW) Inc. or charge my credit card:

Mastercard Bankcard Visa

Credit Card details: _____ / _____ / _____ / _____

Exp. Date: _____ Name on Card: _____ Signature: _____

EPLA (NSW) Inc. ABN 54 158 326 831. DX 130 Sydney or 6/65 Martin Place, Sydney 2000.
 Telephone: (02) 8227 9600 Fax: (02) 8227 9699. For further information, visit our web site www.epla.org.au
 Return Form to the attention of Michele Kearns • Email: kearns@mpchambers.net.au

TAX INVOICE & RECEIPT