

## DELEGATE REGISTRATION FORM & INTERIM TAX INVOICE

3-5 August 2011  
Gold Coast Convention & Exhibition Centre

**IMPORTANT**

- A separate form must be used for each delegate
- Please complete each section of this form
- Where  appears, please indicate your preference with an X
- A signature must appear on this form

• Return this form with payment to  
**FSC Conference**  
PO Box 177, Red Hill QLD 4059  
Fax (07) 3369 3731

### 1. DELEGATE DETAILS

- All confirmation correspondence including tax invoice will be sent directly by email to the delegate named below.
- Please write delegate and organisation name exactly as they are to appear on name badge.

Delegate name \_\_\_\_\_  
Title First Name Surname

Organisation / company name \_\_\_\_\_

Position / title \_\_\_\_\_

Postal address \_\_\_\_\_  
 \_\_\_\_\_

Telephone \_\_\_\_\_  
Office Mobile Fax

Delegate's email (not assistant or any other person) \_\_\_\_\_

Additional email (eg. assistant / alternative contact) \_\_\_\_\_

Note: If you provide an additional email address above, you authorise a copy of your confirmation letter and invoice to be sent to that address / person.

Please indicate your approximate age range

- Under 25    25 to 35    36 to 45    46 to 55    56 to 65    Over 65

Please specify your role at the conference

- Delegate  
 Speaker  
 Sponsor  
 Media

Please specify your membership category

Select all that apply

- Full Member  
 Supporting Member  
 Life Discussion Group  
 ACSA  
 P Group  
 Non Member

What are the main functions of your job?

Select all that apply

- Finance  
 Investment professional  
 IT / Telecommunications  
 Legal  
 Product development  
 Research  
 Risk or compliance  
 Sales and marketing  
 Strategic / General management  
 Technical  
 Underwriting / Claims

What are the main activities of your business?

Select either Financial Services OR Other and then the relevant activities of your business

- Financial Services  
 Financial Advice  
 Life Insurance  
 Superannuation  
 Custodial Services  
 Banking  
 General Insurance  
 Other

Other

- Accounting Services  
 Actuarial Services  
 Administration Services  
 Asset Consulting  
 Business Services  
 Comms or Marketing Services

- Government  
 HR or Recruitment  
 Industry Association  
 Information Technology  
 Research Services  
 Risk, Compliance or Legal  
 Media

Where did you hear about the FSC Conference?

Indicate as many options as are applicable

- FSC Event
- FSC Website
- FSC Email
- Word of mouth
- Attended previous conference

Privacy

- I do NOT wish to receive information from conference partners
- I do NOT wish to appear in the delegate list

Please advise any special needs (such as dietary or access requirements) below so that we can request appropriate arrangements. Please note that a surcharge may apply for special dietary arrangements in cases where the conference venue cannot satisfy your requests and/or the services of an alternative caterer are required to meet your needs.

## 2. CONFERENCE REGISTRATION

- All conference registration fees include:
  - attendance at all sessions, workbook and conference papers;
  - lunches on Wednesday and Thursday, breakfast on Friday, morning and afternoon teas (per program);
  - one ticket to the Welcome Drinks (Wednesday) and one ticket to the Conference Dinner (Thursday)
- P Group and Australian Custodial Services Association members are invited to register at FSC member rates.
- If your company or organisation registers four or more delegates for this conference, each delegate must register individually at the discounted group rate. If fewer than four delegates from your organisation subsequently register for the conference, you will be invoiced for the individual rate after the event.
- Full payment must accompany this form. Your registration cannot be processed or acknowledged without full payment and cancellation terms apply (refer to section 4 of this form).

Please select your registration type

EARLYBIRD - registration and payment must be received by COB 30 May 2011

- Group delegate \$1,850 (pp)
- Individual delegate Member - \$2,050 (pp)
- Individual delegate Non Member - \$2,500 (pp)

STANDARD - registration and payment must be received by 30 July 2011

- Group delegate \$2,000 (pp)
- Individual delegate Member - \$2,200 (pp)
- Individual delegate Non Member - \$2,650 (pp)

LATE - all registrations and payments received on or after 1 August 2011

- Individual delegate Member - \$2,350 (pp)
- Individual delegate Non Member - \$2,800 (pp)

## 3. ACCOMMODATION RESERVATION REQUEST

All rates shown are discounted conference rates, per room per night including GST. All rooms are run of house. For cancellation terms please refer to section 4 of this form. For best availability of your choice of hotels, please make your reservation request not less than 30 days prior to the conference.

STEP 1 - PLEASE SELECT YOUR PREFERRED HOTEL & ROOM TYPE

Jupiters Hotel & Casino  
Located adjacent to venue

- Superior Room \$199
- Corner Room \$249
- Executive Room \$299

Peppers Broadbeach  
Located at Broadbeach

- One Bedroom Suite \$265

Sheraton Mirage Resort & Spa  
Located at Main Beach

- Garden Room \$215
- Deluxe Room \$265

Sofitel Gold Coast  
Located at Broadbeach

- Classic River View Room \$230

Hilton Surfers Paradise  
Located at Surfers Paradise

- Hilton Residences \$240

STEP 2 - PLEASE ENTER YOUR REQUIREMENTS

Arrival / Check-in date \_\_\_\_\_ August 2011. Estimated arrival \_\_\_\_\_ am/pm (standard check-in time is 2pm)

Depart / Check-out date \_\_\_\_\_ August 2011 (standard check-out time is 10am)

STEP 3 - PLEASE ENTER IN YOUR SPECIAL REQUESTS OR COMMENTS BELOW

STEP 4 - PLEASE PROVIDE CREDIT CARD DETAILS

Even if you are providing credit card details elsewhere on this form (eg as payment of registration fees), you must provide credit card details in this section so that we may pass on these details to the hotel as a guarantee of your reservation request. You may use the same or a different card from that used elsewhere on this form. The conference will not charge your credit card for any accommodation expenses. Cancellation terms apply - please refer to section 4 of this form.

Card number \_\_\_\_\_ CVV number \_\_\_\_\_ Credit card type  Amex  Diners  Visa  Mastercard

Name on card \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_ Cardholder signature \_\_\_\_\_

4. REGISTRATION TERMS

Insurance: Registration fees do not include personal, travel or medical insurance of any kind. Delegates are advised when registering for the conference and booking air travel that a travel insurance policy should be taken out to cover risks including (but not limited to) loss, cancellation, medical costs and injury. FSC and/or the conference secretariat/organisers will not accept any responsibility for any delegate failing to insure.

Registration cancellation policy: Cancellation of registration must be notified in writing. Cancellations received on or before 30 May 2011 will be refunded less a \$195 administration fee. No refund of registration fees will be possible for cancellations notified after 30 May 2011. Substitutions, however, can be made. Please advise substitutions in writing at least seven days in advance of the conference so that a correct name badge can be available at the registration desk.

Cancellation of accommodation reservations: All accommodation reservation requests are subject to group booking conditions, including penalties for cancellations and non arrival. These penalties differ at the various hotels but typically if you cancel a reservation less than 30 days in advance of arrival, you may be charged one night's room rate. Cancellations received less than seven days prior to arrival may be charged a penalty equal to the full value of the original reservation. Similar penalties apply in the event of "no-show" or "fail to arrive". For further information on accommodation cancellation information please contact [megan@ccm.com.au](mailto:megan@ccm.com.au)

Communication: All communication regarding the conference will be directed to the registered delegate named on this form. All written communication (such as, but not limited to, confirmation letter and tax invoice) will be sent by email, in accordance with FSC's sustainability policy.

Privacy: Your privacy is important to us. Your personal information will be used by FSC in accordance with our privacy policy and your privacy preferences as expressed in section 1 of this form. In addition to the statements in our privacy policy, personal information collected from conference delegates may be shared with corporate partners - the conference sponsors - so that they may contact you directly. By submitting this form, you consent to us using and disclosing your personal information for this purpose. A copy of FSC's privacy policy is available at [www.fsc.org.au](http://www.fsc.org.au).

Payment: Full payment of registration fees and other costs must accompany this form. Your registration cannot be processed or acknowledged without full payment. A tax invoice will be sent by email to the delegate named on this form. Group delegates please note that if fewer than 4 members of your organisation register as delegates for the conference, you will be charged the balance between the group rate and the full rate after the event.

5. PAYMENT & SIGNATURE

Full payment must accompany this form. Registrations cannot be processed or acknowledged without payment.

Total amount payable (same as registration fee selected in section 2 of this form): \$ \_\_\_\_\_

Please charge the above amount to the following credit card:

Card number \_\_\_\_\_ CVV number \_\_\_\_\_ Credit card type  Amex  Diners  Visa  Mastercard

Name on card \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_ Cardholder signature \_\_\_\_\_

Please find cheque / money order attached for the above amount

Please make cheques/money orders payable to 'FSC Limited' (ABN: 82 080 744 163). Cheques/money orders must be payable in Australian Dollars (AUD) and drawn on an Australian bank/institution. Mail to: FSC Conference, PO Box 177, Red Hill QLD 4059 or fax to (07) 3369 3731.

THE SIGNATURE OF THE PERSON COMPLETING THIS FORM MUST APPEAR BELOW:

I wish to register the person named on this form as a delegate to the FSC Annual Conference 2011 and agree to the registration terms.

Signature \_\_\_\_\_

If the signature above is that of someone other than the delegate named on this form, please provide:

Name of person signing form \_\_\_\_\_

Relationship to delegate \_\_\_\_\_

Telephone (office) ( ) \_\_\_\_\_ Email \_\_\_\_\_

Note: A copy of the confirmation letter and tax invoice will be sent by email to the delegate named on this form (and also to the person completing this form as named above, if applicable). In accordance with privacy regulations, we are unable to send copies of confirmation letters and/or tax invoices to any other person.