

23RD NLC Annual Conference

Conference Registration

Hello. Welcome to the Registration for NLC Annual Conference. It is divided into three sections and should take no more than five minutes of your time. All Information that you provide is exclusively for the organisers and is not for distribution, unless prior consent is sought and given.

Title: Mr Ms Miss Dr Prof A/Prof

Family Name: _____ First Name: _____

Position: _____ Title of your position in your organisation

Date Of Birth: _____ Gender: Male Female

Please enter your date of birth in the format DD/MM/YYYY

Address: _____ Your Postal Address

State: _____ Postcode: _____

Day Phone number: _____ enter phone number in this format xxxxxxxxxx

Mobile: _____ Email: _____

Contact information of your organisation

Name: _____ Name of your Organisation

Address: _____ Postal Address for your Organisation

State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____ Your Organisation's general Email address

Please indicate if you have any special dietary/medical needs

Dietary Requirements: Vegetarian Halal No Beef No Seafood

Other _____

Allergies: _____

Medical: _____

Indicate if there are any medical conditions that conference secretariat should be aware about, and make provisions for.

Name on Badge: _____

23RD NLC Annual Conference

Please forward your registration form to:

NLConference

PO BOX 88, Haymarket
NSW 2000 Australia

Or fax it to us at: +61 2 92629188

Registration delegate type:

- STUDENT \$350
- Industry Delegate \$550 (National Education Conference on 7 & 8 Oct)
- One additional Conference dinner tickets (\$95)

Registration Entitlements:

- Attendance at all conference sessions
- Lunch and coffee breaks
- Conference dinner (Tue 7 Oct)
- Conference Satchel and Program

- Yes** I give consent to the Secretariat in sharing my name, email address, student association and position and university campus information contained in this registration form with the rest of the student-
Note: Any other personal information will only be distributed upon consent of delegate.

Registration Fees \$ _____

Additional dinner tickets \$ _____ Total Fees \$ _____

Payment methods:

- EFT Payment details BSB: 082-024
Account: 81-314-1839
Name: National Liaison Committee for Int'l Students
Bank: NAB

Note: Be sure to insert your FIRST & LAST name in the payment message.

- Direct Debit

Name: _____ BSB: _____

Account: _____ Bank: _____

- Cheque enclosed (Make payable to National Liaison Committee for Int'l Students)

I hereby confirm that the details provided are accurate and true.

Signature: _____ Date: _____