

# REGISTRATION FORM

## PERSONAL DETAILS

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Badge Preferred Name: \_\_\_\_\_

Newsagency/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_ Home Telephone: (    ) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Partner Surname: \_\_\_\_\_

Partner First Name: \_\_\_\_\_

Partner Badge Preferred Name: \_\_\_\_\_

## FUNCTIONS

Please specify if you and/or your partner will be attending the following functions:

Welcome Function	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Partner Welcome Function	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gala Dinner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Partner Gala Dinner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Additional Ticket Cost:

**Welcome Function:** \$65.00      **Gala Dinner:** \$195.00

Do you require any additional tickets for the Welcome Dinner?    Yes ☐    No ☐

If Yes, how many? \_\_\_\_\_

Do you require any additional tickets for the Gala Dinner?    Yes ☐    No ☐

If Yes, how many? \_\_\_\_\_

## ACCOMMODATION

A special conference accommodation rate has been negotiated with the Grand Hyatt. For those wishing to arrive early or stay after the Conference an agreement has been reached for the conference rate to apply. All prices include GST. There are various room types. Complete all fields provided for booking.

**BEDROOM**      Single ☐    Double ☐    Twin ☐

I have arranged to share with \_\_\_\_\_

**ARRIVAL**      Day In      /      / 2009 (Check-In 2pm)

**LATE ARRIVAL**      Yes ☐    No ☐

**DEPARTURE**      Day Out      /      / 2009 (Check-Out 11am)

*A minimum one (1) nights accommodation is required*

BEDROOM TYPE	PRICE	NUMBER OF NIGHTS
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Grand Single Room:	\$299.00* per room, per night	<input type="text"/>
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Grand Twin/Double Room:	\$327.00* per room, per night	<input type="text"/>
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*\* Inclusive of breakfast*

<b>SUBTOTAL ACCOMMODATION</b>	\$	<input type="text"/>
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## ROOM UPGRADES

There is an option to upgrade your room at an additional charge of \$40 per room, per night for a room with a view.

**UPGRADE TO ROOM WITH A VIEW?**      Yes ☐    No ☐

An additional upgrade is available for the Club Floor at a charge of:

### UPGRADE TO CLUB FLOOR?

**Single:** \$80 per room, per night      Yes ☐    No ☐

**Twin/Double:** \$100 per room, per night      Yes ☐    No ☐

*(Benefits include continental breakfast and happy hour drinks)*

## OPTIONAL TOURS

A number of optional tours and activities are being planned. They are subject to minimum numbers booked so please indicate your intentions below to assist with planning.

### 1. GOLF DAY AT MEDWAY GOLF CLUB – WEDNESDAY 14 OCTOBER 2009

Cost per player is \$95 which includes transport from/to the Grand Hyatt, green fees, refreshments and prizes.

Please note the numbers are limited and places will be allocated by date of receipt

**Number of Participants at \$95 each = \$**

**Names:**

1. _____	Handicap _____
2. _____	Handicap _____
3. _____	Handicap _____
4. _____	Handicap _____

### 2. CAULFIELD CUP RACES – SATURDAY 17 OCTOBER 2009

Cost per person is \$95 which includes transport from/to the Grand Hyatt and entrance to the races.

**Number of Participants at \$95 each = \$**

**Names:**

1. _____
2. _____
3. _____
4. _____

### 3. STUDY TOUR AND LUNCH – SATURDAY 17 OCTOBER 2009

Cost per person is \$160 which includes transport from/to the Grand Hyatt, visits to Knox City Shopping Centre and Hallmark in Scoresby, followed by lunch in one of Victoria's premium wine growing regions, Red Hill.

**Number of Participants at \$160 each = \$**

**Names:**

1. _____
2. _____
3. _____
4. _____

# REGISTRATION FORM

## SPECIAL REQUIREMENTS

Do you or your partner have any dietary requirements we should be aware of?

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Do you or your partner have a disability or condition we should be aware of?

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## EMERGENCY CONTACT

Please list the details of your next of kin:

Name of Contact:

Relationship with Contact:

Business Hours Telephone:

After Hours Telephone:

## CANCELLATION FEES

A full refund less \$150 administration fee for registrations will be given for cancellations prior to 16 September 2009. 100% cancellation fees apply if accommodation is cancelled less than 31 days prior to travel. Participant names may be substituted (except for flights).

All cancellations must be made in writing to the **newsXpress** Conference Secretariat, 212<sup>F</sup> Pty Ltd, Level 7, 606 St Kilda Road, Melbourne VIC 3004.

## PRIVACY

The Privacy Act 2001 provides that consent must be obtained to include Delegate's names in the list of delegates to be distributed at the conference or to any other party. The list is so delegates and sponsors know which fellow delegates are at the conference and assists with networking.

If you do NOT want your name, address and details included in the list of delegates or provided to other parties, please tick : ☐

## CONFERENCE REGISTRATION COSTS

Thanks to the generosity of the Conference sponsors registration fees have been kept to a minimum.

TYPE	EARLY BIRD	REGULAR
<b>newsXpress Members</b>	\$395	\$450
<b>Non Members</b> (Other Newsagents)	\$435	\$495
<b>Suppliers</b>	\$495	\$550
<b>Supplier Staff</b> (Day only - No Events)	\$120 per day	
<b>Newsagency Staff</b> (Does not apply to principals. Must be accompanied by a member. Must be approved by Head Office.)	\$120 (includes all sessions & functions, excludes golf & optional tours)	

\*Early Bird registration cutoff date is the 14th of September 2009.

## PAYMENT DETAILS

### PAYMENT SUMMARY

Conference Registration	\$	<input type="text"/>
Golf	\$	<input type="text"/>
Optional Activities	\$	<input type="text"/>
Accommodation	\$	<input type="text"/>
<b>TOTAL</b>	\$	<input type="text"/>

## METHOD OF PAYMENT

☐ Amex ☐ Visa ☐ MasterCard

Name of Cardholder

Card Number

CCV Number    Expiry Date

Signature

\* Credit Card Surcharge of 2.5 % applies to VISA & MasterCard and 4% for AMEX

**IF YOU WISH TO PAY BY DIRECT DEPOSIT YOU CAN DO SO BY DEPOSITING THE TOTAL AMOUNT FOR YOUR REGISTRATION INTO THE FOLLOWING ACCOUNT:**

Commonwealth Bank of Australia  
Waverley Gardens Shopping Centre  
Account Name: 212<sup>F</sup> Pty Ltd  
BSB: 063 244 Acc No. 1044 5062  
Payment Reference: NX INITIAL & SURNAME (E.g. NX B. SMITH)

**A Tax Invoice will be sent to you once credit card payment has been processed or payment received.**

**CHEQUES MUST BE MADE PAYABLE TO 212<sup>F</sup> PTY LTD & SENT TO 212<sup>F</sup> AT THE BELOW ADDRESS.**

*Cheques will not be accepted less than 10 days prior to the event*

### RETURN REGISTRATION FORM TO:

**newsXpress** 2009 NATIONAL CONFERENCE  
C/- 212<sup>F</sup> Pty Ltd  
Level 7, 606 St Kilda Road  
Melbourne Victoria 3004  
**TEL:** 03 8620 7820  
**FAX:** 03 8620 7810  
**EMAIL:** tanya@2one2f.com