Symposium Registration

CECD Symposium 2015

June 5th 2015

The Power of Listening

# Symposium Details

The CECD Symposium 2015 will be held on Friday June 5th at Technology Park Function Centre, 2 Brodie-Hall Drive, Bentley and will run from 9:30 until 16:00 (Registration opens at 9:00am).

For registration via email:

1. Download this form by saving it to your computer.
2. Open the form and populate the fields.
3. Save the document as “*Registration - Your Name*”
4. Email the form to symposiumaustralia@hotmail.com

For registration via post:

1. Print this form
2. Fill in required fields
3. Send to:

Symposium Registration, CECD, PO Box 644, Kalamunda, WA 6076

# Individual Bookings

## Your Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Address: \* |  |
| First Name: |  |  |  |
| Surname: |  | Email Address: \*\* |  |
| Phone Number: |  | Organisation: |  |
| Preferred Name: (For name badge to be collected on the day) |  |  |

\*Your address will only be used in order to activate your 1 year’s free membership to the society.

\*\*Your email address will only be used to confirm registration and to pass on event-relevant documentation.

## For the Symposium

As catered food will be provided on the day, please inform us of any food allergies or dietary requirements that you believe may be relevant.

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Do you have any requirements regarding access to the venue (e.g. wheelchair) or any other support needs (e.g. interpreter)?

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|  |

## Emergency Contact

Please provide details of your emergency contact in case of incident during the event.

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |
| Relationship: |  |

# Group Bookings

Please complete the below quick fill form to include details of all attendees: (if you wish to register more than 3 guests please use additional forms).

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| --- | --- | --- | --- |
| **Organisation:** |  |  |  |
|  |  |
| **Guest 1** |  |  |  |
| Full Name: (Inc. Title) |  | Special requirements: |  |
| Phone Number: |  |  |  |
| Address: |  |  |  |
|  |  | Emergency Contact Name and Relationship: |  |
| Email: |  | Emergency Contact Phone Number: |  |
|  |  |  |  |
| **Guest 2** |  |  |  |
| Full Name: (Inc. Title) |  | Special requirements: |  |
| Phone Number: |  |  |  |
| Address: |  |  |  |
|  |  | Emergency Contact Name and relationship: |  |
| Email: |  | Emergency Contact Phone Number: |  |
|  |  |  |  |
| **Guest 3** |  |  |  |
| Full Name: (Inc. Title) |  | Special requirements: |  |
| Phone Number: |  |  |  |
| Address: |  |  |  |
|  |  | Emergency Contact Name and relationship: |  |
| Email: |  | Emergency Contact Phone Number: |  |

# Prices and Payment

**The prices for the CECD Symposium 2015 are as follows:**

All fees include

* A complimentary copy of the book “Listen to the Talk of Us” by Trisha Kotai-Ewers, PhD
* 1 year’s free membership to the Society for the Arts in Dementia Care (Australia) Inc.

Standard Full Fee: $135 per person

Early Bird Fee: $95 per person

Before 10th April 2015

Group Bookings: $95 per person

Three or more guests from the same organisation

Concession: $95 per person

Student and Senior

**The following methods of payment are available:**

Cheque

Please make cheque payable to ‘The Society for the Arts in Dementia Care (Australia) Inc.’ and post, along with a copy of this completed form, to ‘Symposium Registration, CECD, PO Box 644, Kalamunda, WA 6076’.

Bank Transfer

Please send off your registration form, either by post or email, then transfer the appropriate fee in AUD to the following bank account:

Account Number: 254292

BSB: 036065

Reference: Rego ’Your Name’