

2008



5TH BIENNIAL
INTERNATIONAL
CONFERENCE
20 & 21 NOVEMBER

Forward this form and
payment by fax or mail to:

2008 QEC Conference
C/O The Meeting Planners
GPO Box 128,
Sydney NSW 2001
AUSTRALIA
Fax: +61 2 9265 0880
ABN: 96 116 350 120

HOSTED BY QEC
THE SEBEL ALBERT PARK, MELBOURNE, AUSTRALIA

INVOICE

CONFERENCE 20 & 21 NOVEMBER 2008
PRE-CONFERENCE WORKSHOPS 19 NOVEMBER 2008

IMPORTANT REGISTRATION INFORMATION

- Online Registration is preferred. Please visit our secure website www.qec.org.au/conference to register and pay for your registration and accommodation.
- Registrations forms sent by post must be accompanied with full payment in order for your registration to be processed/confirmed.
- Registration forms with cheque payments must be received no later than Monday 20 October 2008 otherwise will not be processed and confirmed.
- Cheque payments for accommodation will only be accepted up until 20 October 2008. After this date, all accommodation requests must be submitted with credit card details.
- Accommodation must be booked prior to Wednesday 5 November 2008.
- Delegates should refer to the website for full terms and conditions.

Please print clearly and keep a photocopy of this form for your records or register online at www.qec.org.au/conference. The information submitted will be used for all mailings. Please ensure the information you complete is correct.

Please complete the form and mail with your credit cards details or your cheque payable to The Meeting Planners/QEC 2008 Conference, with your name and address printed clearly on the back.

A. DELEGATES

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (please tick)		
FAMILY NAME	GIVEN NAME		
ORGANISATION/ASSOCIATION			
POSITION			
INDUSTRY SECTOR (please tick)	<input type="checkbox"/> Maternal and child health <input type="checkbox"/> Early education <input type="checkbox"/> Child protection <input type="checkbox"/> Adult mental health <input type="checkbox"/> Paediatrics <input type="checkbox"/> Government-state/federal/local policy <input type="checkbox"/> Other _____	<input type="checkbox"/> Childcare <input type="checkbox"/> Community health <input type="checkbox"/> Children's court <input type="checkbox"/> Infant/Child mental health <input type="checkbox"/> Academic institute	<input type="checkbox"/> Early childhood intervention <input type="checkbox"/> Community services <input type="checkbox"/> Family services <input type="checkbox"/> Midwifery <input type="checkbox"/> Parenting services
STREET ADDRESS			
CITY/SUBURB			STATE
COUNTRY			POSTCODE/ZIP
TELEPHONE			FAX
MOBILE PHONE			
EMAIL			
PREFERRED NAME ON NAME BADGE			

B. REGISTRATION FEES

Registration fees (inclusive of GST and in Australian Dollars). Please tick your selection.

Registration entitlements are available from the registration brochure or the conference website www.qec.org.au/conference

CONFERENCE DAYS - THURSDAY 20 AND FRIDAY 21 NOVEMBER 2008			
Early Bird Registration	On or before Friday 29 August 2008	A\$495	<input type="checkbox"/>
Standard Registration	Between Saturday 30 August & Wednesday 5 November 2008	A\$550	<input type="checkbox"/>
Late Registration	On or after Thursday 6 November	A\$600	<input type="checkbox"/>
Day Registrations	(Conference Days only – 20 or 21 November 2008. Please tick day of attendance: <input type="checkbox"/> Thursday or <input type="checkbox"/> Friday)	A\$300	<input type="checkbox"/>
Paper Presenter		A\$495	<input type="checkbox"/>
Workshop Presenter		A\$495	<input type="checkbox"/>
Poster Display/Presenter		A\$495	<input type="checkbox"/>

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form.

B. Sub-Total Conference Registration Fee A\$ _____

C. PRE CONFERENCE WORKSHOP REGISTRATION FEES

Pre Conference Workshop fees (inclusive of GST and in Australian Dollars). Please tick your selection. If you choose more than one workshop, please be mindful of the time overlap. See registration brochure or website for full details.

Entitlements are available from the registration brochure or the conference website www.qec.org.au/conference

PRE CONFERENCE WORKSHOPS – WEDNESDAY 19 NOVEMBER 2008	CONFERENCE DELEGATE	NON-DELEGATE (ATTEND WORKSHOP ONLY)
Workshop 1 - Crispin Day Family Partnership: Supporting Thoughtful and Effective Practice 0830 – 1230	<input type="checkbox"/> A\$175	<input type="checkbox"/> A\$200
Workshop 2 – Shaun Coade Cultural Knowledge and Awareness 0830 - 1700	<input type="checkbox"/> A\$260	<input type="checkbox"/> A\$310
Workshop 3 - Susan McDonough Treating Parent Infant relationship problems - strategies for intervention 1300 – 1700	<input type="checkbox"/> A\$175	<input type="checkbox"/> A\$200
Workshop 4 - Richard Fletcher Father-Inclusive Practise with Vulnerable Families: What is it and How Do We Do It? 1300 - 1700	<input type="checkbox"/> A\$175	<input type="checkbox"/> A\$200

C. Sub-Total Conference Registration Fee A\$ _____

A\$ _____

D. SOCIAL PROGRAM

NOTE: All fees include the 10% Goods and Services Tax (GST).

The Welcome Reception is **included** in the Registration Fee for full paying conference delegates including presenters only.

This **excludes** Day Registrations and Pre Conference Workshops.

WELCOME RECEPTION	
I will be attending <input type="checkbox"/>	I will not be attending <input type="checkbox"/>

E. ACCOMMODATION

Please visit the Conference website or see the registration brochure for full details regarding accommodation terms and conditions.

Hotel photos and fact sheets are also available on the Conference website.

Deposit must be paid or credit card details given at time of booking to guarantee your reservation. All fees include the 10% Goods and Services Tax (GST). All fees quoted are in Australian dollars.

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HOTEL AND DEPOSIT REQUIREMENTS					
Hotel	Room Type	Room Only	Bed and Breakfast Rate SGL	Bed and Breakfast Rate DBL/TWN	Number of nights required
The Sebel Albert Park Conference Venue	Superior Room SGL <input type="checkbox"/> DBL <input type="checkbox"/> TWN <input type="checkbox"/>	<input type="checkbox"/> A\$178	<input type="checkbox"/> A\$198	<input type="checkbox"/> A\$218	
Citigate Albert Park Conference Venue	Citigate Room SGL <input type="checkbox"/> DBL <input type="checkbox"/> TWN <input type="checkbox"/>	<input type="checkbox"/> A\$150	<input type="checkbox"/> A\$170	<input type="checkbox"/> A\$190	
Pensione Hotel Melbourne 10 minutes by tram	Standard Room TWN <input type="checkbox"/>	<input type="checkbox"/> A\$120	<input type="checkbox"/> A\$135	<input type="checkbox"/> A\$150	
	Standard Room SGL <input type="checkbox"/> DBL <input type="checkbox"/>	<input type="checkbox"/> A\$120	<input type="checkbox"/> A\$135	<input type="checkbox"/> A\$150	
	Petite Room SGL <input type="checkbox"/> DBL <input type="checkbox"/>	<input type="checkbox"/> A\$105	<input type="checkbox"/> A\$120	<input type="checkbox"/> A\$135	

PLEASE NOTE:

- Rates may increase without notice due to changes in government charges, taxes or levies.
- Room only rates do not include breakfast.
- Bed and breakfast rates include breakfast.

LATE ARRIVALS

Please indicate on your registration form or notify the Conference Managers in writing if you will arrive at your hotel after 1800 hours, failure to do so may mean that your room will be released.

HOTEL CHECK IN/OUT TIMES

The hotels check-in time is usually 1400 hours and check-out time is usually 1000 hours. Should you wish to guarantee check-in before 1400 hours you will need to pre-book, and pay for the previous night. If you wish to guarantee a late checkout you will need to book for the next night. These additional nights can be booked at the time of making your reservation. If required please indicate on your registration form.

IMPORTANT - PLEASE COMPLETE THIS SECTION			
Arrival/Check in Date	ETA	Departure/Check out Date	ETD
I wish to guarantee early check in by pre-booking and paying for the previous night on			
I will be sharing this room with			
Special Requirements e.g. smoking/ non smoking room (subject to availability)			
Please indicate below whether you wish to pay for your entire stay: <input type="checkbox"/> Yes, I wish to pay for my entire stay now <input type="checkbox"/> No, I only wish to pay the one night's deposit now			
I do not require the Conference Managers to book accommodation for me. I have made my own arrangements. I will be staying: <input type="checkbox"/> (name of hotel) _____ <input type="checkbox"/> with friends or family <input type="checkbox"/> local resident			

E. Sub-Total Accommodation A\$ _____

Accommodation Refunds – The deposit is non refundable if you cancel your accommodation booking on or after Monday 20 October 2008) and will also be forfeited if you do not arrive on the date for which you have booked. Cancellations must be in writing.

F. SPECIAL NEEDS/DIETARY REQUIREMENTS

If you have any special needs please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

DIETARY REQUIREMENTS				
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Allergy to Nut	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Halal
<input type="checkbox"/> Kosher	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> No Beef	<input type="checkbox"/> No Seafood	<input type="checkbox"/> Other _____

G. INFORMATION SOURCE

PLEASE INDICATE WHERE/HOW YOU HEARD ABOUT THE CONFERENCE		
<input type="checkbox"/> Conference direct mail/brochure	<input type="checkbox"/> Conference electronic mailing	<input type="checkbox"/> Promotion at another conference
<input type="checkbox"/> Conference website	<input type="checkbox"/> Industry colleagues	<input type="checkbox"/> Journal/newspaper article/advertisement
<input type="checkbox"/> Sponsor/exhibitor	<input type="checkbox"/> Other (please specify)	

PRIVACY

RECEIVING INFORMATION

- YES – I consent to receiving information from The Meeting Planners Pty Limited or other organisations on related products or services from time to time.
- No, I do not consent

DELEGATE LIST CONSENT

- YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Conference.
- No, please do not include my details in the Delegate List.

H. PAYMENT AND CONDITIONS

ALL FEES ARE IN AUSTRALIAN DOLLARS

Section B Conference Registration Fees **A\$** _____

Section C Pre Conference Workshop Fees **A\$** _____

Section E Accommodation **A\$** _____

NOTE: Registrations will not be processed or confirmed until payment in full is received.

Total Fees enclosed: A\$ _____

METHOD OF PAYMENT

Cheque Bank Draft (cheques/bank drafts payable in A\$) to "The Meeting Planners/QEC 2008 Conference"

– Incorrectly drawn cheques will incur bank fees and charged back to the delegate

– Cheques must be received by Monday 20 October 2008 otherwise will not be processed and confirmed.

Credit card: Mastercard Visa Card Diners AMEX

NB: "The Meeting Planners" will be shown on your statement for this transaction

Credit card number ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/

Expiry Date: ___/___/___ / ___/___/___ Name on card: _____

Billing Address: _____

Signature: _____ Date: ___/___/___

If paying by credit card, registrations can be made by facsimile or via the website. All amounts in this brochure are in Australian dollars (A\$) and include 10% Goods and Services Tax (GST).

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.

CANCELLATION AND REFUND POLICY

Cancellations received in writing at the Conference Office by Wednesday 27 August 2008 will be accepted and all fees refunded less an A\$100 administrative fee. Cancellations received after this date cannot be accepted and will not be refunded, however transfer of your registration to another person is acceptable. The full name and details of the person that will replace you must be advised in writing to the Conference Office prior to the Conference. No refunds will be made for non-attendance at the Conference.

REGISTRATION FEES:

- On or Before Wednesday 27 August 2008 will incur an A\$100.00 cancellation fee.
- After Wednesday 27 August 2008 will receive a 50% refund of fees paid.
- After Wednesday 22 October 2008 there will be no refund however substitutes welcomed.

ACCOMMODATION:

- Deposit is non-refundable at Monday 20 October 2008
- One night's deposit must be paid or credit card details provided at time of booking to guarantee accommodation reservation.

PRIVACY

Australia operates under the Privacy Amendment (Private Sector) Act 2000. The Conference Managers comply with such legislation which is designed to protect the right of the individual to privacy of their information. Information collected in respect of proposed participation in any aspect of the Conference will be only used for the purposes of planning and conduct of the Conference, may also be provided to organisers of future events or used to provide you with information of other relevant events. It is also usual to produce a 'Delegate List' of attendees at the Conference and to include the individual's details in such a list. Consent for publication of the individual's information may be withheld when completing the Registration Form for the Conference. Individuals are also entitled to access the information held by written application to the Conference Managers.