



**STAA / RITM SCENAR
CONFERENCE PAYMENT FORM**
GOLD COAST SATURDAY 18TH APRIL – TUESDAY 21ST APRIL 2015



Instructions

If you are completing this form electronically press Tab on your keyboard to go the next cell. The cell will automatically expand to accommodate your text. If you are writing, please write clearly. Please complete a form for each attending person, attach presentation selections and scan/email or post with payment details.

Today's Date		STAA Member Number:			
Name: You will receive an attendance certificate for CPE/CPD points. Your full name will appear on your certificate. If you prefer to use an abbreviation or nickname on your name tag , please advise below)					
First name		Name Tag Preference :			
Surname		Prefix:			
Home Address					
Street Address					
Suburb		State		Post Code	
Postal Address (If different to above)					
Postal Address					
Suburb		State		Post Code	
Country					
Home Ph.		Work Ph.			
Mobile		Website			
Email					
*PREFERRED WORKSHOPS		To allow for correct room allocation, please indicate your workshop preferences, see over page.			
WOULD YOU LIKE YOUR DEVICE TO BE CHECKED / UPDATED DURING THE CONFERENCE? <input type="checkbox"/>					
Updates only will be free of charge. A new case costs \$75. Please provide details in the attached form. A quote will be provided for all repairs.					
Only complete this section if you would like to us to book your accommodation at the Greenmount Beach Resort					
Accommodation: Single bed <input type="checkbox"/> \$120.00		Double or Twin beds <input type="checkbox"/> \$120.00		Family (Queen + 2 singles) <input type="checkbox"/> \$145.00	
Please circle which nights required		Thursday, Friday, Saturday, Sunday, Monday, Tuesday, More?			COST \$
FEES: Early Bird STAA Member		\$1,100	<input type="checkbox"/>	FEES: Early Bird Non STAA Members	
STAA Member (payment after 28/2/2015)		\$1,200	<input type="checkbox"/>	Non STAA Members (PMT after 14/2/2015)	
Two (2) day (min) rate. Please indicate days (dinner not incl.) Sat, Sun, Mon, Tues		\$850	<input type="checkbox"/>	Gala Dinner (for accompanying persons or 2 day attendees – Sunday evening)	
				\$80 <input type="checkbox"/>	
PAYMENT MUST BE INCLUDED WITH YOUR FORM.					
Direct Deposit <input type="checkbox"/>			Bank / Personal Cheque or Money Orders: <input type="checkbox"/>		
Bank ID: 082 707 (NAB) Acc : 81 381 5100 Please note your NAME on the deposit transaction. To ensure your payment is finalised quickly, you must include a copy of the deposit receipt with this payment form.			Please make payable to: STAA Credit Card: MasterCard Visa, Amex (please circle) <input type="checkbox"/> Complete the form below.		
Credit Card Authorisation Form					
Cardholders Name					
I authorise the STAA to debit \$ _____ from my credit card.			Expiry Date /		
Card Number			Card? Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/>		
Verification Number (CVV)		Signature			
FOR ALL PAYMENTS					
Post /Email to: STAA		150 Hunter Street East Lismore NSW 2480		Email: conference@scenar.org.au Phone: 02 6622 6966	