

Primary Teachers' Association Conference 2008

MP 3, 4, 5 – Middle Primary is Alive!

Registration Form/Tax Invoice (ABN 56 093 922 331)

Name	<input style="width: 95%;" type="text"/>	School	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>		Postcode
Phone	<input style="width: 95%;" type="text"/>	Fax	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>		

CONFERENCE OPTIONS

	Cost (inc GST)	Cost for me
Pre Conference Workshops (FRIDAY 27 JUNE) 1) Contemporary Issues in Primary Teaching: a focus on languages and literacy 2) Arts in Society: what about Perth? 3) Emotional Intelligence in the Classroom	\$88 \$55 \$55	
Deluxe Conference Package Starts 4pm Friday – includes coffee on arrival, pre dinner drink, conference program from 4pm Friday including dinner, morning tea, lunch, afternoon tea and program Saturday	\$375 Early Bird (March 25) \$340	
Day Only Options 1) Friday ONLY Includes Friday program from 4pm, coffee on arrival, pre dinner drink, dinner and Friday evening program (Does not include pre conference workshops) 2) Saturday ONLY Includes coffee on arrival, lunch, morning & afternoon tea and Saturday program	\$210 \$220	

WORKSHOP SELECTIONS

Session A	Session B	Session C
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

ACCOMMODATION OPTIONS

	TWINSHARE PER PERSON/PER NIGHT	SINGLE OR DOUBLE ROOM PER NIGHT	Cost for me (incl. GST) AUD
Medina Grand 1 Bedroom Apartment		<input type="checkbox"/> \$226	
Parmelia Hilton	<input type="checkbox"/> \$127.50	<input type="checkbox"/> \$255	
Emerald Hotel	<input type="checkbox"/> \$82	<input type="checkbox"/> \$144	
Mounts Bay Waters Apartment Hotel 1 Bedroom Apartment		<input type="checkbox"/> \$213	
2 Bedroom & 1 bath		<input type="checkbox"/> \$268	
Mountway Hotel Apartments	<input type="checkbox"/> \$47.50	<input type="checkbox"/> \$95	

IF YOU SELECT TWIN SHARE , PLEASE NAME PERSON SHARING WITH YOU FAMILY NAME: _____ FIRST NAME: _____

NIGHTS STAYING

- THURSDAY 26 JUNE 2008
 FRIDAY 27 JUNE 2008
 SATURDAY 28 JUNE 2008
 SUNDAY 29 JUNE 2008
 Additional nights _____

COST (\$)
 x
 No. DAYS
 \$ _____

TOTAL \$

My special dietary requirements are	<input style="width: 95%;" type="text"/>
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P O B o x 4 1 4 G r e e n w o o d 6 9 2 4

NOTE: DELEGATES AND SPONSORS MAY BE GIVEN A LIST OF ALL DELEGATES (NAME AND SCHOOL/ORGANISATION ONLY). RECEIPT OF YOUR REGISTRATION FORM WILL SIGNAL YOUR ACCEPTANCE OF THIS. PLEASE CONTACT EVENTS WA SHOULD THIS NOT MEET YOUR APPROVAL.

This form, once completed, becomes your Tax Invoice - please copy for your records