## Registration Form

**ABN: 63 942 912 684 (AASWWE) This form becomes an INVOICE upon payment**

**(AASWWE) ANZSWWER is not registered to charge GST**

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| Contact Details | | | | | | | | | | | | | | |
| Full Name: |  | | | |  | | | |  | | Date: | | |  |
| First | | | | | Last | | | | Title | | | | | |
| Postal Address: |  | | | | | | | |  | | | | | |
| Street Address | | | | | | | | |  | | | | | |
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| City | | | | | | | | | State | | | | Postcode | |
| Phone: |  | | | E-mail Address: | | |  | | | | | | | |
| University/Organisation: | | |  | | | | | Position: | |  | | | | |
| Dietary Requirements: | | |  | | | | | | | | | | | |
| Other Special Requirements: | | |  | | | | | | | | | | | |
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| Symposium Attendance | | | | | | | | | | | | | | |
| I am a… | | ANZSWWER Member | | | | **Non-ANZSWWER Member** | | | | | | Student | | |
| **Please select just one of the following options.** | | | | | | | | | | | | | | |
| **Full Symposium**  3rd-4th Sept, 2015 | | $270 (full rate)  $240 (early bird, register  by 9th Aug) | | | | **$300** (full rate)  **$270** (early bird, register  by 9th Aug) | | | | | | **$130** | | |
| **Half Symposium**  3rd Sept, 2015 Only  4th Sept, 2015 Only | | **$140** | | | | **$150** | | | | | | **$65** | | |
| **Dinner** **$60** (3rd September, 2015) | | | | | | | | | | | | | | |

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| Payment Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visa^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MasterCard^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ^ Please note that credit card payments will attract an additional 5% processing fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EFT Details:**  **Name your EFT transaction by your Surname + Initial then Symposium**  **(e.g. Smith J Symposium)**  Australian Association for Social Work and Welfare Education  BSB: 012-030  Acct no. 4028-16475  Branch Name: ANZ Bank, Broadway (Sydney) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Credit Card Details:**  Cardholders Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Card Number: | | |  | |  | |  | | | |  |  |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | |  | |  | |  | |  | |  |  |  |  |  |  |  |
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| Expiry Date: |  |  | |  | |  | | | |  | |  | |  | |  | |  | |  | | CSV: | | | | | | | | | | | | |  | |  | | |  | |  | |  | |  | |  | | | | | | | |
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| **Please send all registrations and enquiries to:** [**admin@anzswwer.org**](mailto:admin@anzswwer.org?subject=Symposium%202014) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Refunds Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Refunds: Due to costs associated with running this event, refunds will only be issued up until the 23rd September 2015, and will attract a 20% administration fee. Refunds will unfortunately be unavailable after this date. While all information was correct at time of writing, ANZSWWER reserves the right to change the symposium speakers and format if necessary.  In the event such changes are required, ANZSWWER will notify all registrants.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |