Registration

Please read all registration information on the website www.educationcommunities.com, and then complete the registration form below and fax it to 03 9787 0866.

☑ Yes, I want to be a part of this exciting conference.

Registration is $1,195 ($995 per person for groups of three or more)

Are you registering as a part of a group of three or more teachers from one school?

☐ Yes  ☐ No

If Yes, How many people are registering in your group? ☐

A. My Registration Details

Title ...................................................

Given Name.............................................

Surname...................................................

Position in School........................................

Email Address**...........................................

**Please provide an accurate email address as the bulk of correspondence the conference will be sent via email.

B. My Course Preferences

Please select in the order of preferences:

<table>
<thead>
<tr>
<th>Number</th>
<th>Course Name</th>
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C. My Accommodation

Please select accommodation arrangements:

☐ I will make my own accommodation arrangements

☐ Please book me into the accommodation that has been arranged at St. Mary’s College for 5 nights of the Institute, Sunday to Thursday night inclusive. Cost per night is $50

☐ I am arriving on Saturday so please book me in for an extra nights’ accommodation.

D. My computing requirements

☐ I will bring my own laptop computer (must be IBM compatible, with minimum operating system being Windows98)

   My notebook manufacturer is: ..................................................

   My notebook Model No is: ..................................................

   The Operating system on my notebook is: ..........................

☐ I would like a wireless network card to be installed in my notebook for the period of the Institute. I understand that I will be required to sign, at the event, an authority relating to its installation.

☐ I would like to hire a notebook computer from Computelec at $66 for six days.

E. My Billing Details

School Name.................................................................

School Address............................................................

School Suburb.............................................................

School State/Country.................................

School Postcode..................................................

School Phone..........................................

School Fax..................................................
F. Pre Conference “Warm Up” Workshops

We are evaluating the need to run some short pre conference workshops on the Sunday morning for 2 hours from 10am to introduce lesser experienced delegates to the features and details of several of the software packages used through the Institute courses. If we were to offer them would you be interested?

☐ Yes ☐ No

G. Special Dietary Requirements

Please indicate below if you have any of the following dietary requirements...

☐ Vegetarian ☐ Vegan ☐ Diabetic ☐ Celiac

IMPORTANT: Please fax your Registration to 03 97870866. We will send you a confirmation email within 48 hours of receiving your fax. If for any reason you do not receive this within that time, please email a short note to this effect to registrationquery@educationcommunities.com