Conference registration

About four minutes. Have your invoice details ready if your organisation is paying.

Questions marked * need an answer.

Register for our conference

When: [dates] Where: _____ Registration includes [all sessions, morning tea and lunch]. We use your details to run the conference. Your name and organisation go on your badge, and on the delegate list only if you say so at the end. Privacy policy: _____.

1. Full name *

As it should appear on your invoice and certificate.

2. Name on your badge

Leave blank to use your full name.

3. Email *

4. Mobile

Only used to reach you during the conference.

5. Organisation *

6. Job title

7. Registration type *

- ◯ Member – $[price]
- ◯ Non-member – $[price]
- ◯ Student – $[price]
- ◯ Speaker (no fee)
- ◯ Exhibitor

8. Member number *

Only if “Registration type” is Member – $[price].

9. Where do you study? *

Only if “Registration type” is Student – $[price].

Bring your student card: we may ask to see it at the desk.

10. Which days are you attending? *

- ☐ Day 1 – _____
- ☐ Day 2 – _____
- ☐ Day 3 – _____

11. Which workshops will you attend?

Places are limited. Choose one per time slot.

- ☐ Pre-conference workshop – _____
- ☐ Workshop A – Day 1, _____
- ☐ Workshop B – Day 1, _____
- ☐ Workshop C – Day 2, _____

12. Social events

- ☐ Welcome reception – _____
- ☐ Conference dinner – _____, $[price]
- ☐ Neither

13. Dietary requirements

- ☐ None
- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-free
- ☐ Halal
- ☐ Kosher
- ☐ Other: _____

14. Accessibility or support needs

15. Who is paying? *

Only if “Registration type” is not Speaker (no fee).

- ◯ I am
- ◯ My organisation

16. Invoice contact name *

Only if “Who is paying?” is My organisation.

17. Invoice contact email *

Only if “Who is paying?” is My organisation.

18. Purchase order number

Only if “Who is paying?” is My organisation.

Leave blank if your organisation does not use them.

19. Organisation billing address *

Only if “Who is paying?” is My organisation.

Street address

Address line 2

City or suburb | State or region | Postcode or ZIP

20. Cancellation *

☐ I agree to the cancellation and substitution policy: _____

21. Delegate list

☐ Include my name, job title and organisation in the delegate list shared with attendees.

22. Updates

☐ Email me about future conferences. I can unsubscribe at any time.