



Local Government Association of NSW

ANNUAL CONFERENCE | Broken Hill Entertainment Centre
25 – 29 October 2008

REGISTRATION FORM

Please complete one form for each person attending

Cr Mr Mrs Ms Dr Other Position _____

Surname _____ Given name (to appear on your nametag) _____

Council/Organisation _____

Postal Address _____

City _____ State _____ Postcode _____

Phone _____ Mobile _____ Fax _____

Email _____

Please confirm your registration requirements (see registration brochure for inclusions)

REGISTRATION PACKAGES

	Amount Paid
<input type="checkbox"/> Delegate Registration (earlybird rate before 5 September)	\$880 \$ _____
<input type="checkbox"/> Delegate Registration (after 5 September)	\$990 \$ _____
<input type="checkbox"/> Partner Registration	\$440 \$ _____
<input type="checkbox"/> Sponsor Registration	\$440 \$ _____

Please confirm your attendance for the items included in your registration package

- Saturday – Local Government Forum Yes No
- Sunday – Church Service Yes No
- Sunday – Opening Ceremony Yes No
- Sunday – Presidents Reception Yes No
- Monday – Club WSN Social night Yes No
- Tuesday – Conference Dinner Yes No

OPTIONAL/ADDITIONAL FUNCTION & TOUR REQUIREMENTS

Saturday – LGA Forum (included in registration fee)	\$44	\$ _____
Saturday – City Sights & Heritage Tour	\$50	\$ _____
Saturday – Silverton Ghost Town Tour	\$50	\$ _____
Saturday – Sunset Sculptures Tour	\$30	\$ _____
Sunday – City Sights & Heritage Tour	\$50	\$ _____
Sunday – Silverton Ghost Town Tour	\$50	\$ _____
Sunday – Presidents Welcome Reception (included in full reg'n fee)	\$55	\$ _____
Monday – Wetlands Cruise, Menindee Lakes & Kinchega	\$125	\$ _____
Monday – Sunset Sculptures Tour	\$30	\$ _____
Monday – Club WSN – A night with Priscilla	\$33	\$ _____
Tuesday – City Sights & Heritage Tour	\$50	\$ _____
Tuesday – Royal Flying Doctor Service	\$30	\$ _____
Tuesday – Taste of Artback Tour	\$50	\$ _____
Tuesday – Conference Dinner (included in registration fee)	\$165	\$ _____
TOTAL AMOUNT PAID		\$ _____

All amounts include GST – please transfer the total amount to the payment summary sheet with other delegates from your organisation or Council

ACCOMMODATION & TRANSFERS

Do you require transfers from your accommodation Yes No

If yes, please confirm the name of your accommodation venue: _____

Please confirm transfers required Conference sessions Tuesday Night Conference Dinner

SPECIAL REQUIREMENTS

Please indicate any special needs including: child care dietary access provisions other

Please specify requirements if necessary _____

I acknowledge the privacy policy and give permission for my contact details to be used in the manner described Yes No

Please note that no tick will be taken as a 'Yes'

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PAYMENT SUMMARY FORM

TAX INVOICE

Broken Hill City Council – ABN – 84 873 116 132

Please complete this summary form for your Council or organisation and return with the appropriate payment and individual registration forms.

Council or Organisation Name _____

Contact Person _____

Address _____

City _____ State _____ Postcode _____

Phone _____ Mobile _____ Fax _____

Email _____

Total people included in this summary _____

Total Amount being Paid \$ _____

PAYMENT METHOD

Cheque

Credit Card

Visa or Mastercard

Card Number _____/_____/_____/_____

Name on card

Expiry date

Cardholders Signature

EFT

BSB – 032 816

Account number – 000 333

Account Name – Broken Hill City Council

SUMMARY OF ACCOMPANYING REGISTRATION FORMS

Name of conference attendee	Amount paid
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
	\$

Please ensure you fax or email details of your EFT payment and use your council or organisation name as the reference. If EFT advice is not received then payment may not be associated with your registrations and your registrations may not be processed.

CANCELLATIONS

All cancellations must be advised in writing. Cancellations made by 5.00 pm on Friday 26 September will be eligible for a full refund of all payments made, less a \$100 administration fee per person. Cancellations made after 5.00 pm on Friday 26 September will not be entitled to any refund however substitute delegates may be sent.

DUE DATE FOR REGISTRATIONS

You are requested to submit registrations by Monday 13 October. Registrations should be sent to:

LGA Conference

PO Box 5013

ALBURY NSW 2640

Phone – 02 6023 6300

Fax – 02 6023 6355

Email – lga08@ccem.com.au

www.lgaconference.lgsa.org.au