Accompanying Persons

(Please complete a copy of this form for each accompanying person and submit with Registration form of participant)

A. Registration

Name of accompanying person .................................................................
(give forename, other initials and family name)
Name of conference participant .................................................................
(give forename, other initials and family name)

Registration Fee:
Accompanying person ................................................................. $30
(includes invitation to Mixer and BBQ)
Continued….. for accommodation/ meals etc.

B. Accommodation

(Tick Accommodation Nights Required and Insert Daily Total Where Shown)

<table>
<thead>
<tr>
<th>Hotel Single</th>
<th>Hotel Share</th>
<th>Apartment Share</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>Price</td>
<td>Price</td>
<td></td>
</tr>
<tr>
<td>$90</td>
<td>$45</td>
<td>$35 (own arrangements)</td>
<td></td>
</tr>
</tbody>
</table>

Tues 1st

Wed 2nd

Thurs 3rd

Fri 4th

Please indicate with whom you wish to share ...........................................

C. Meals

(Tick Meals Required and Insert Daily Total Where Shown)

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>Price</td>
<td>Price</td>
</tr>
<tr>
<td>$12</td>
<td>$15</td>
<td></td>
</tr>
</tbody>
</table>

Tues 1st – Mixer

Wed 2nd

Own arrangements

Thurs 3rd Conference Dinner

Fri 4th BBQ

Sat 5th – Conference Dinner (Thurs. 3rd February) $30

Please indicate any special dietary requirements ...........................................

D. Transport

(Please tick the appropriate box)

I will make my own way to/from Thredbo

I will join bus from Canberra (approx. 9.30 p.m.)

I will join bus from Thredbo (approx. 1.30 p.m.)

I will make my own way to/from Thredbo

(continued) for accommodation meals etc:

Write 3= $12 $15

Breakfast Lunch Dinner

(please indicate your choice of breakfast and BBQ)

Accompanying Person

Re: Registration

Name of conference participant .............................................................
(please furnish other initials and family name)

Name of accompanying person .............................................................
(please furnish other initials and family name)

A. Registration

B. Accommodation

Please complete a copy of this form for each accompanying person and submit with

Accompanying Persons

Signature ................................................................. Date ......................