

# Registration Form

## 18<sup>th</sup> Consumers International World Congress

Luna Park, Sydney, Australia  
29 October - 1 November 2007

This form may be submitted via email by selecting the 'Submit by Email' button at the bottom of this form (this is not secure for credit card payments). If you do not wish to submit this form electronically, please print the form and send to Conference Co-ordinators  
MAILING ADDRESS: PO Box 139 CALWELL ACT 2905 AUSTRALIA FAX: +61 (0)2 6292 9002

NOTE: Which ever method of submission you select you will receive written confirmation of your registration (which will also be your invoice) within 7 days from Conference Co-ordinators. If you do not receive written confirmation please contact Conference Co-ordinators on +61 (0)2 6292 9000 or via email at [conference@confco.com.au](mailto:conference@confco.com.au).

By submitting this form you agree to the terms of the cancellation policy below.

### Cancellation and Alteration Policy

All cancellations or alterations must be made in writing and will be acknowledged by post, facsimile or email. Notification of cancellation or alterations should be sent to: Conference Coordinators, P.O. Box 139 CALWELL ACT 2905 AUSTRALIA, Facsimile +61 (0)2 6292 9002, email: [conference@confco.com.au](mailto:conference@confco.com.au). An administration fee of AU\$110 will be charged to any participant cancelling before 31 August, 2007. All cancellations after 31 August 2007 will be required to pay full registration fees. Substitute delegates will be accepted.

### Personal Details

Title	<input type="text"/>	First Name	<input type="text"/>	Surname/Family Name	<input type="text"/>		
Position	<input type="text"/>						
Organisation	<input type="text"/>						
Mailing Address	<input type="text"/>						
City	<input type="text"/>	State/Province	<input type="text"/>	Post/Zip Code	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>	Mobile	<input type="text"/>		
E-mail	<input type="text"/>						
Name for Badge	<input type="text"/>						

### Privacy Disclosure

Yes  No I **DO** consent to my name appearing in the participants list (name, organisation and country only disclosed)

### Registration Fees

#### CI Member Organisation and Invited Speakers

No fee

(CI member organisations will only have their registration confirmed when their annual membership fees are fully paid.)

#### Non members (30 and 31 October only)

Corporate and Government Agency	Payment received by 10 July 2007	AU\$800	<input type="radio"/>
	Payment received after 10 July 2007	AU\$900	<input type="radio"/>
NGO/Academic/Other	Payment received before 10 July 2007	AU\$400	<input type="radio"/>
	Payment received after 10 July 2007	AU\$500	<input type="radio"/>

#### Day Registration

Corporate and Government Agency	(rate is per day)	AU\$500	<input type="radio"/>
NGO/Academic/Other	(rate is per day)	AU\$300	<input type="radio"/>

Please indicate which day you will be attending  Wednesday  Thursday

Fee Due

### Simultaneous Translation

The Congress will offer simultaneous interpretation for main plenary sessions only in: English, French and Spanish.

I prefer to participate in the following language  English  French  Spanish

### Special Requirements

Venues will do their best to cater for your requirements, while strict Kosher or Halal meals cannot be catered for, vegetarian and fish meals can be accommodated.

Dietary Requirements

Mobility and other needs

# Registration Form Continued

## Social Functions

One ticket to each of the social functions is included in **Full Registration ONLY**. Please indicate if you will be attending:

**Welcome Reception** (Monday 29 October 2007)

I will be attending  Yes

No

**Congress Dinner** (Tuesday 30 October 2007)

I will be attending  Yes

No

## Fringe Meetings

A number of time slots and rooms will be available for other meetings/fringe meetings during Congress. Please tell us if you or your organisation will be interested in organising such a meeting:

**We are interested in organising a meeting**  Yes  No

Those who select 'yes' will be contacted with further information in due course.

## General Assembly - Thursday 1 November (CI Members only)

**I will be attending the General Assembly:**  Yes  No

**My organisation is willing to stand for election to the Council:**  Yes  No

Those who select 'yes' will be contacted with further information in due course.

## Payment Details

Enclosed is my cheque/bank draft made payable to Conference Co-ordinators (as agents for Choice ABN: 72 000 281 925)  
Cheques must be in Australian Dollars and drawn on an Australian Bank

I have transacted an Electronic Funds Transfer to Conference Co-ordinators Account

**Bank:** ANZ **BSB:** 012 950 **Account Number:** 9005 60329 **Transaction code** CI + Delegates Surname (ie CIJONES)

Confirm your Transaction Code:

Please charge my credit card  Mastercard  Visa  Amex

**Total Due**

Card Number

Expiry Date

Cardholders name

Signature

## Accommodation

Please note your credit card details are required to guarantee your room is held until your noted arrival time. Neither Conference Co-ordinators nor the hotel will make any charges against your credit card unless you cancel after 8 October 2007, in which case a fee of one night's accommodation will be charged (this fee will not apply if your room can be resold).

All cancellations or alterations must be made in writing will be acknowledged in writing by Conference Co-ordinators. Full payment of your account will be required at the time of your departure. The rates quoted below are per room per night.

**Vibe Hotel North Sydney**  Single AU\$189  Twin AU\$189  Double AU\$189

**HarbourView North Sydney**  Single AU\$175  Twin AU\$175  Double AU\$175

**Sydney Harbour Marriot**  Single AU\$290  Twin AU\$290  Double AU\$290

**Glenferrie Lodge**  Single AU\$79  Twin AU\$99  Double AU\$99

Date of Arrival

Date of Departure

Arrival Time

Sharing with if applicable

Special Requirements

I understand my credit card details are given as a guarantee of my arrival and to ensure my room will be held until my nominated arrival time. No charge for accommodation will be made against this card unless insufficient notice of cancellation is given in writing to Conference Co-ordinators.

Mastercard

Visa

Amex

Diners

Card Number

Expiry Date

Cardholders name

Signature