



Your Information

Title First Name Surname

Position (if relevant) Organisation (if relevant)

Address Home School Organisation Suburb

State Postcode Country

Phone (Daytime) Mobile Twitter/Skype Username (optional)

Email (Required) Special Dietary Requirements*

**Please note that the dietary requirements field should only be used by those individuals who are allergic to a particular food or additive. We are unable to cater for food or beverage preferences.*

Registration Options

I Want Everything! Includes one Pre-Conference Workshop, Full 3-Day Conference registration and one Conference Dinner ticket - **\$1,195 (SAVE \$320!!)**

Full 3-Day Conference* - Wed 21st, Thurs 22nd and Fri 23rd May 2014 - **\$995 (SAVE \$190!)**

Single Day*

Pre-Conference - 20th May 2014 - **\$395**

Day 2 - 22nd May 2014 - **\$395**

Conference Dinner - **\$125 per ticket**

Day 1 - 21st May 2014 - **\$395**

Day 3 - 23rd May 2014 - **\$395**

Add-on Virtual Registration - \$195 for 12 months

Additional Dinner Ticket - Guest's Name:

Please Note: Each 'Single Day' registration includes admittance to that day's sessions, morning tea, lunch, and afternoon tea. Full 3-Day registration includes admittance to all sessions, conference proceedings, three lunches, morning and afternoon teas and a deluxe conference satchel. All prices are inclusive of GST. The "I Want Everything" and "Full Three-Day Conference" registration packages are not permitted to be shared between delegates.

Pre-Conference Workshop Selection/s - If you are attending for the Pre-Conference day, we need you to tell us which workshop(s) you are attending so that we can make sure you place is locked in! Visit Spectronics.com.au/conference/timetable to check out all of the Pre-Conference workshop choices.

Payment Options

Direct Deposit

Inclusive Learning Technologies Pty Ltd T/A Spectronics (Include your full name with your deposit)
Bank of Queensland, Queen Street Brisbane Branch QLD, BSB No. 124 001 Account No. 20 768 717

Cheque

Made payable to Spectronics and mail to Spectronics,
PO Box 88, ROCHEDALE QLD 4123 AUSTRALIA

Credit Card

Visa
Mastercard

Name on card Card number

Card expiry date (month/year) CVV (3 digit security code) Total amount Signature

Invoice/Receipt To (Name) Address

City/Suburb State Postcode

Fax this form to
07 3808 6108

Or register online at Spectronics.com.au/Conference