

# INTERNATIONAL WOMEN'S DAY BREAKFAST 2019



THIS REGISTRATION FORM WILL BECOME A TAX INVOICE ONCE COMPLETED IN COMPLIANCE WITH ATO REQUIREMENTS

Invoice date (date form completed):

This form is editable. Complete, save, and email this form to [events@ahri.com.au](mailto:events@ahri.com.au)

## REGISTRATION INFORMATION Please indicate the event that you are registering for:

- |  |  |
|--|--|
| <input type="checkbox"/> Brisbane, Hotel Grand Chancellor Brisbane<br>Event date: Tuesday 5 March 2019<br>Registration close: Tuesday 26 February 2019 | <input type="checkbox"/> Sydney, Doltone House Hyde Park<br>Event date: Wednesday 6 March 2019<br>Registration close: Wednesday 27 February 2019 |
| <input type="checkbox"/> Canberra, National Gallery of Australia<br>Event date: Thursday 7 March 2019<br>Registration close: Thursday 28 February 2019 | <input type="checkbox"/> Melbourne, Mural Hall<br>Event date: Friday 8 March 2019<br>Registration close: Friday March 1 2019                     |

Please indicate the number of attendees per registration type:

REGISTRATION TYPE	RATE (Amounts incl. GST)	TOTAL
<b>Individual tickets 1-4 guests</b>	AHRI member/organisation member _____ x	\$ _____
	Non-member _____ x	\$ _____
<b>Group tickets 5+ guests</b>	AHRI member/organisation member _____ x	\$ _____
	Non-member _____ x	\$ _____
<b>TOTAL AMOUNT (incl GST)</b>		\$ _____

## MAIN CONTACT INFORMATION

This person will be the main point of contact for communication and will receive the confirmation email.

Given name:	Surname:	Position title:
Organisation:	AHRI member ID:	
Address:		
City/Suburb:	State:	Postcode:
Email:	Phone:	

## PAYMENT OPTIONS

### Credit Card payment:

Type:	<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> Diners
Card number:	Expiry:			
Name on card:	CVV:			
Signature:	Date:			

### EFT payment (EFT payments will not be accepted after the registration closing date):

**IMPORTANT INFORMATION:** This registration form will become a tax invoice once completed in compliance with ATO requirements. Your registration will not be processed unless a remittance advice is attached to the completed form. Please visit [ahri.com.au/conferences-and-networking/events-terms-and-conditions/iwd-terms-and-conditions](http://ahri.com.au/conferences-and-networking/events-terms-and-conditions/iwd-terms-and-conditions) to read the full terms and conditions.

Account: Australian HR Institute Ltd.	BSB: 013 017
Ref: IWD2019 + your full name (e.g. IWD2019 John Smith)	Account number: 837810101

I understand my registration will not be processed until a remittance advice has been received by the AHRI events team.

Signature:	Date:
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### Cheque payment:

Please make cheque payable to: AHRI Limited, Level 4 575 Bourke Street, Melbourne VIC 3000

**ATTENDEES** Provide the details for each guest. Repeat this section for more than 10 guests.

1.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
2.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
3.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
4.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
5.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
6.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
7.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
8.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
9.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		
10.	Given name	Surname	Position title
	Organisation		AHRI member ID
	Email		Contact No
	Dietary/physical requirements (if applicable)		

**REGISTRATION CONFIRMATION**

I wish to register and I have read and agree to all terms and conditions, as outlined at [ahri.com.au/iwd-terms](http://ahri.com.au/iwd-terms)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy policy:** Please visit [ahri.com.au](http://ahri.com.au) to view AHRI's full privacy policy. AHRI may distribute delegate email addresses to breakfast sponsors. Should you not wish to have your name and company name included in the delegate list, and/or do not wish your email address to be provided to the breakfast sponsor, please tick here

**Special dietary requirements** must be provided prior to the registration closing date. Requirements notified after this date cannot be guaranteed.

**Cancellation policy:** Cancellations must be received in writing. An administration fee of \$50 per registrant will apply for cancellations before the registration closing date.

No refunds will be issued after the closing date, however replacements will be permitted.

**Disclaimer:** Please note that registration places are limited and will be allocated on a strictly 'first in' payment basis. In the event that no space is available you will be notified immediately. If you do not receive a confirmation email please contact AHRI to confirm registration. The breakfast program is confirmed at the date of printing. AHRI reserves the right to make changes to the program as circumstances dictate. Every effort will be made to ensure a program of equivalent standard.