

**2006 Desert Knowledge Symposium and Business Showcase:
Global Desert Opportunities : 1-3 November 2006**

TAX INVOICE / REGISTRATION FORM

This document will be a Tax Invoice once you have made payment. Please retain an original copy for your records. Each delegate is required to fill in a separate form.

Please complete this form and return with payment to: **Symposium Secretariat, GPO Box 2455, Darwin NT 0801. Tel +61 8 89410388 Fax +61 8 89818382 Email dcem@desliens.com.au**

ABN 80093503274 Desliens Conference & Event Management is a registered business of Catalyst Consulting International Pty Ltd. Appointed Agent for 2006 Desert Knowledge Symposium and Business Showcase: Global Desert Opportunities, 1-3 November 2006

PERSONAL DETAILS

Prof/Dr/Mr/Mrs/Ms _____ First Name _____ Surname _____

Organisation _____

Position _____ Postal Address _____

Suburb/City _____

State _____ Country _____ Postcode _____ Tel-Work (____) _____

Fax(____) _____ Mobile _____ Email _____

Name for Badge _____ Partner attending functions _____

Alternate Contact in event of emergency _____ Tel(____) _____

Special Needs / Dietary Requirements _____

I will attend the Business Showcase as an Exhibitor Visitor or Delegate

Privacy I do / do not (strike out) wish my personal details to be included in the participant list for conference delegates

1. EXHIBITION PACKAGES (All prices are in Australian Dollars and include GST)	AMOUNT
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OPTION A <input type="checkbox"/> <input checked="" type="checkbox"/> (Yes) (Excludes Day Catering Package) Preferred Booth Number/s as per floor plan _____	
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Booth only Package: 3m wide x 2m deep x 2.4m high @ \$400 including GST No. of Booths Required ____	\$
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OPTION B <input type="checkbox"/> <input checked="" type="checkbox"/> (Yes) Preferred Booth Number as per floor plan _____	
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Booth (3m wide x 2m deep x 2.4m high) and Symposium Registration along with Exhibitor Day Catering Package for 1 person	\$750.00
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EXHIBITOR DAY CATERING PACKAGE <input type="checkbox"/> <input checked="" type="checkbox"/> (Yes) or <input type="checkbox"/> (No) @ \$55 per person per day Excludes Welcome Reception and Conference Dinner. No. required ____	\$
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Booth Signage: Organisation name as you would like it to appear on the fascia board. Print clearly.

BOOTH SET-UP Wednesday 01.11.06 from 1300hrs **BOOTH PACK DOWN** Saturday 04.11.06 from 8am to 10am

FLOOR PLAN / VENUE EXHIBITION MANUAL – Refer to Symposium website

HIRE OF BOOTH FURNITURE – Refer to www.exhibitionist.com.au

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2. FUNCTIONS (All prices are in Australian Dollars and include GST)		AMOUNT
Delegate and Partner RSVP to Welcome Reception <input type="checkbox"/> (Yes) or <input checked="" type="checkbox"/> (No) Total number attending _____		
Delegate RSVP to Conference Dinner <input type="checkbox"/> (Yes) or <input checked="" type="checkbox"/> (No)		
Additional tickets to Conference Dinner-Partners/Guests. No.of tickets required@ \$42 per person		\$
TOTAL		\$

3. REGISTRATION FEES (All prices are in Australian Dollars and include GST)		AMOUNT
Early Registration Fee AUD \$550 per person	Until 31 August 2006	\$
Full Registration Fee AUD \$700 per person	From 1 September 2006	\$
Full Time Student Fee AUD \$350 per student (Student ID card to be photocopied and attached to Registration Form)		\$
Single Day Registration Fee AUD \$350	<input type="checkbox"/> Thurs 2 Nov (excl.Conference Dinner) <input type="checkbox"/> Fri 3 Nov	\$
TOTAL		\$

4. ACCOMMODATION (Rates are in Australian Dollars and include GST and are per room per night)

Refer Accommodation Notes in Conference Registration Brochure. Credit card details are required to secure your reservation. Please provide these details below. **Deadline for accommodation reservations is 01.10.06.**

NOTE: Monies will not be debited from your credit card by the Symposium Secretariat (Desliens Conference & Event Management) for accommodation.

Arrival Date ____/____/2006 Approx. arrival time (using the 24hr clock) _____

Departure Date ____/____/2006 Approx. departure time (using the 24 hr clock) _____

I have arranged to share with _____

Number of Guests occupying room _____ Accommodation Room Nights Required _____

Your Choice	HOTEL	ROOM TYPE	ROOM RATE
	Alice Springs Resort	Deluxe Room with breakfast	AUD \$151.80
		Standard Room with breakfast	AUD \$128.70
	Crowne Plaza Alice Springs	Standard room with breakfast	AUD \$135.00
	Lasseters Hotel Casino (Also part of the Symposium Venue)	Single/Double/Twin (<i>please circle</i>) With Breakfast	AUD \$125.00
	Novotel Outback Alice Springs	Standard room with breakfast	AUD \$115.00
	Desert Palms Resort	Single/Double/Twin (<i>please circle</i>)	AUD \$96.00

5. PAYMENT

Cheque/Bank Cheque/Money Order in Australian Dollars on an Australian Bank payable to **2006 DESERT KNOWLEDGE SYMPOSIUM**. Personal cheques from other countries or cheques in other currencies are not acceptable.

Visa Mastercard Bankcard American Express Diners Club Expiry Date ____/____

Total Amount to be debited \$ _____ Card Number _____

Cardholder Name _____
As displayed on the card

Cardholder Signature _____

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