



# Faith to Lead Lead to Faith

National Catholic Education  
Commission Conference 2016  
19-22 June • Perth Convention and Exhibition Centre

Please note that online  
registration is also available  
via the Conference website  
[www.ncec2016.com](http://www.ncec2016.com)

## For Office Use Only

Ref No: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
C/C Approval: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Date: \_\_\_\_\_

# Registration Form

Please print clearly and return completed form with payment to:

### Conference Secretariat

EECW Pty Ltd  
47 Hampden Rd, Nedlands WA 6009  
ABN 82 064 781 568

Or email to [info@eecw.com.au](mailto:info@eecw.com.au)  
Or fax to +61 8 9389 1499

**Privacy Statement:** The Privacy Act 2001 provides that, before your personal contact details can be published, and may be made available to NCEC, Catholic Education WA, sponsors, exhibitors, EECW Pty Ltd and other parties directly related to the Conference, you must give your consent.

If you do not consent to your contact details being provided to the above mentioned parties please tick this box. If you do not tick this box we confirm that you consent.

All financials are in Australian Dollars and include GST at 10%.

## 1. DELEGATE INFORMATION

Title: Fr / Br / Sr / Prof / Dr / Mr / Mrs / Ms / Miss / Other: \_\_\_\_\_ Given Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Organisation: \_\_\_\_\_ Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Diocese: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Program Accessibility & Special Requirements:

- |  |   |
|--|---|
| <input type="checkbox"/> Auslan Interpreter                                | <input type="checkbox"/> Braille                                      |
| <input type="checkbox"/> Hearing Loop                                      | <input type="checkbox"/> Guide Dog user information                   |
| <input type="checkbox"/> Tactile Interpreter                               | <input type="checkbox"/> I will be bringing a carer to the conference |
| <input type="checkbox"/> Large Print                                       | <input type="checkbox"/> Special dietary requirements:<br>_____       |
| <input type="checkbox"/> Sighted guides - assistance to and from sessions  | _____   |
| <input type="checkbox"/> FM user   | _____   |
| <input type="checkbox"/> Orientation & Mobility Instructor for Hotel/Venue | _____   |
| <input type="checkbox"/> Note Taker  | <input type="checkbox"/> Other _____                                  |

*The organisers will make every effort but cannot guarantee to meet the needs of all registrants*

## 2. REGISTRATION FEES

REGISTRATION TYPE	
<b>Super Early Bird</b> Limited Places – 75 only. Registration and payment received by 28 February 2016 unless sold out prior	<input type="checkbox"/> \$845
<b>Early Bird</b> Register before Friday 18 March 2016	<input type="checkbox"/> \$895
<b>Standard</b> from Saturday 19 March 2016 onwards	<input type="checkbox"/> \$995
<b>Day Registration</b>	
<input type="checkbox"/> Sunday 19 June <input type="checkbox"/> Monday 20 June <input type="checkbox"/> Tuesday 21 June <input type="checkbox"/> Wednesday 22 June	<input type="checkbox"/> \$440
<b>TOTAL COST</b>	\$

### 3. SOCIAL FUNCTIONS

Inclusive Social Functions	Indicate Attendance	
Cocktail Function (included with full registrations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Functions Additional Tickets	Cost \$	No of Tickets
Cocktail Function (additional ticket)	\$65	
Conference Dinner	\$160	
TOTAL COST		\$

### 4. ACCOMMODATION

Please indicate your three preferences for accommodation.

Please note your credit card details will be forwarded onto the hotel to secure the booking only and no monies will be deducted by the Conference Secretariat. The hotel at its discretion may choose to debit your credit card for one night's accommodation.

Arrival: \_\_ / \_\_ / 2016 ETA: am/pm Departure: \_\_ / \_\_ / 2016

Hotel	Please Select
Adina Apartment Hotel	
Premier Studio Apartment	<input type="checkbox"/> \$219
Premier One Bedroom Apartment	<input type="checkbox"/> \$235
Premier Two Bedroom Apartment	<input type="checkbox"/> \$369
Parmelia Hilton	
Queen Guestroom	<input type="checkbox"/> \$275
Twin Guestroom	<input type="checkbox"/> \$275
Mounts Bay Waters Apartments	
1 Bed 1 Bathroom Apartment	<input type="checkbox"/> \$190
2 Bed 1 Bathroom Apartment	<input type="checkbox"/> \$286
2 Bed 2 Bathroom Apartment	<input type="checkbox"/> \$310
Rendezvous Hotel Perth Central	
Superior Room	<input type="checkbox"/> \$189
Deluxe Room	<input type="checkbox"/> \$204
Sullivans Hotel	
Standard Double Room	<input type="checkbox"/> \$149
Deluxe King Room	<input type="checkbox"/> \$199
Ibis Perth	
Standard Double Room	<input type="checkbox"/> \$169

If sharing or accompanied by another person please advise name

Please use my credit card to secure my accommodation booking

### 7. CANCELLATION POLICY

I understand and accept the conditions of the cancellation policy (Cancellation Policy located on Page 7 of the Registration Brochure).

### 5. PARKING

Parking within the Perth Convention and Exhibition Centre car park is open to the public and spaces are limited by 7.30am.

The Conference has a limited opportunity to reserve parking bays for local delegates. Multiple entry reserved bays are also available for \$37 per day and can be booked via this form or online. Please note that these prices may be subject to change, delegates reserving bays will be notified should there be variations to the charge.

	Sunday	Monday	Tuesday	Wednesday
24 Hour, Multiple Entry \$37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL COST				\$

The booking deadline for pre-reserved parking is 12 May 2016.

### 6. PAYMENT

Payment Summary	
Subtotal Section 2: Registration Fees	\$
Subtotal Section 3: Social Functions	\$
Subtotal Section 4: Accommodation	\$
Subtotal Section 5: Parking	\$
PAYMENT TOTAL	\$

**Electronic Funds Transfer**

Account Name: NCEC 2016  
 BSB: 016002  
 Account Number: 195084709  
 Reference: Invoice Number & Surname  
 Please send remittance advice to: info@eecw.com.au

**Credit Card Payment**

Please charge \$ \_\_\_\_\_  
 to my  MasterCard  Visa  
 Card No. \_\_\_\_\_  
 Expiry: \_\_\_\_\_ CVC: \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Please note that your credit card statements will show 'EECW PTY LTD NEDLANDS WA' under transaction details.

**Cheque**

Cheques applicable to Australian delegates only.  
 I enclose cheque for the amount of \$ \_\_\_\_\_  
*Cheques should be made payable to "EECW ITF NCEC 2016"*

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

A Tax Invoice will be issued upon receipt of your registration payment; please keep a copy of this registration form for your records.