



National Foster Care Conference 2008
31 October – 2 November
Novotel Brighton Beach

REGISTRATION FORM
ABN: 96 998 268 454

Register online at www.fostercare.org.au
Return completed hardcopy forms via fax to +61 2 9251 3552 or post to 2008 National Foster Care Conference Secretariat,
GPO Box 3270, Sydney, NSW 2001, Australia

Please complete one form for each registrant ■ All fees are quoted in Australian dollars (AUD) and are inclusive of GST ■
PLEASE USE BLOCK LETTERS

SECTION 1 – PERSONAL DETAILS

Title _____

Given Name/s _____ Last Name _____

Name that will appear on your name badge (if different from above) _____

Position _____ Organisation _____

Address W H _____

_____ Town/Suburb _____

State _____ Postcode _____ Country _____

Daytime Telephone* _____ After Hours Telephone* _____

Facsimile* _____ Mobile _____ *Country + Area Code required

Email Address _____

Dietary/Special Requirements for the Conference and Conference Dinner

- Vegetarian Vegan Gluten Free Lactose Free Kosher** Halal**

***Please note that Kosher and Halal Meals may incur additional charges.*

Please contact the Conference Secretariat to discuss other dietary requirements and specifics of allergies.

SECTION 2 – ABOUT YOU

To assist in planning future conferences and assessing the trends of foster care can you please answer the following questions by **ticking** the appropriate boxes.

Are you?

- Male Aboriginal
 Female Torres Strait Islander

Which best describes where you live?

- Rural
 Regional
 Metropolitan
 Remote

Please tick your current role/s and include number of years in this role/s

- Foster Carer _____ Years
 Indigenous Carer _____ Years
 Family/Kin Carer _____ Years
 Permanent Carer _____ Years
 Agency Worker _____ Years
 Agency Manager _____ Years
 Departmental Worker _____ Years
 Departmental Manager _____ Years
 Academic Lecturer _____ Years
 Academic Researcher _____ Years
 Student _____ Years
 Other (list below) _____ Years

Have you attended any National Foster Care Conferences in the past? Yes No

If YES, how many times? _____

Have you attended any other foster care conferences? Yes No

Within NSW? Yes No

Outside NSW? Yes No

List: _____

SECTION 3 – TABLE TALK SESSIONS and WORKSHOPS

Table Talk Sessions

We propose to offer Table Talk sessions during some break periods so that delegates can talk about specific issues over tea and coffee. Please indicate if you are interested in attending a Table Talk session and what topics you would like to discuss. e.g. challenging behaviours, healthy diets, leaving care

Yes I would like to attend a Table Talk session and my suggested topics are:

Workshops

Five workshop streams will be offered during the conference.

Delegates are requested to select their top three preferences for each workshop stream in order of preference - 1 being your first preferred choice.

Workshops will be filled in order of receipt. If delegates wish to change their workshop choices they must contact the Conference Secretariat prior to the commencement of the conference. Please refer to the registration brochure and web site for detailed information on workshops.

Friday Afternoon	Friday Afternoon	Saturday Morning	Saturday Afternoon	Sunday Morning
<input type="checkbox"/> A1	<input type="checkbox"/> B1	<input type="checkbox"/> C1	<input type="checkbox"/> D1	<input type="checkbox"/> E1
<input type="checkbox"/> A2	<input type="checkbox"/> B2	<input type="checkbox"/> C2	<input type="checkbox"/> D2	<input type="checkbox"/> E2
<input type="checkbox"/> A3	<input type="checkbox"/> B3	<input type="checkbox"/> C3	<input type="checkbox"/> D3	<input type="checkbox"/> E3
<input type="checkbox"/> A4	<input type="checkbox"/> B4	<input type="checkbox"/> C4	<input type="checkbox"/> D4	<input type="checkbox"/> E4
<input type="checkbox"/> A5	<input type="checkbox"/> B5	<input type="checkbox"/> C5	<input type="checkbox"/> D5	<input type="checkbox"/> E5
<input type="checkbox"/> A6	<input type="checkbox"/> B6	<input type="checkbox"/> C6	<input type="checkbox"/> D6	<input type="checkbox"/> E6

SECTION 4 – REGISTRATION FEES

Please indicate registration category by **ticking** the appropriate box

	Early Bird Before 22 September	Standard After 22 September	Onsite After 18 October
Carer/Full-time student	<input type="checkbox"/> \$350	<input type="checkbox"/> \$405	<input type="checkbox"/> \$430
Non-Carer	<input type="checkbox"/> \$460	<input type="checkbox"/> \$515	<input type="checkbox"/> \$540
Day Registration – Friday only Carer/Full-time Student	<input type="checkbox"/> \$185	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220
Day Registration – Friday only Non-Carer	<input type="checkbox"/> \$240	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
Day Registration – Saturday only Carer/Full-time Student	<input type="checkbox"/> \$240	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
Day Registration – Saturday only Non-Carer	<input type="checkbox"/> \$320	<input type="checkbox"/> \$330	<input type="checkbox"/> \$355
Day Registration – Sunday only Carer/Full-time Student	<input type="checkbox"/> \$185	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220
Day Registration – Sunday only Non-Carer	<input type="checkbox"/> \$240	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
Teenagers	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185

REGISTRATION FEE TOTAL: AUD\$ _____

Entitlements:

Full delegate and teenage registration fees include:

- All conference sessions
- Entrance to exhibition
- Conference satchel
- Conference materials

- Catering
 - Friday: Lunch, afternoon tea
 - Saturday: arrival tea and coffee, morning tea, lunch and afternoon tea
 - Sunday: Morning tea, closing tea and coffee

Day registration fees include:

- Conference sessions for day of registration
 - Entrance to exhibition for day of registration
 - Conference satchel
 - Conference materials
- Catering:
 - Arrival tea and coffee, morning tea and afternoon tea for day of registration, if applicable
 - Lunch for day of registration, if applicable

SECTION 5 – CONFERENCE DINNER AND EVENING PROGRAM

The Conference Dinner and evening program are charged separately to the conference registration. Tickets to attend the evening can be purchased using this form. The Conference Dinner cost includes a barbecue buffet, one hour of drinks and formal program including guest speakers and the presentation of the national recognition awards. At the conclusion of the one hour of drinks delegates will need to purchase their own beverages.

If you wish to purchase tickets to the Conference Dinner please indicate how many tickets you would like to purchase below. A completed registration form is required for each dinner ticket.

- Conference Dinner – Saturday 1 November 2008, 7.30pm to 10.00pm
Endeavour Grand Ballroom, Novotel Brighton Beach Ticket AUD\$70.00 per person _____ x AUD\$70.00

SOCIAL FUNCTION TOTAL: AUD\$ _____

SECTION 6 – CATERING AND DELEGATE INFORMATION

For catering purposes delegates must indicate if they will be attending the following catered events. Otherwise no catering will be allocated for you. Please **tick** to indicate if you will be attending.

- Lunch – Friday 31 October Lunch – Saturday 1 November Closing tea and coffee – Sunday 2 November

To assist the all parties involved in preparing for the conference, please indicate your intended arrival and departure times for the conference (if known).

I expect to **arrive** at the conference at: _____ AM / PM I expect to **depart** the conference at: _____ AM / PM

SECTION 7 – ACCOMMODATION

You are encouraged to book your accommodation through the Conference Secretariat to ensure that you receive very competitive rates.

Payment of at least one night's tariff must be received with your registration to secure your booking. Delegates are to pay for the remainder of the room nights directly to the hotel upon check out.

Delegates may pay for the full amount of their accommodation to the Conference Secretariat if they wish. Please see the registration brochure for further details on accommodation booking conditions.

Please number hotels and apartments in order of preference from 1 – 3 (1 being the first preference)

Prices include GST and are based on single / double / twin occupancy, unless otherwise stated.

H01 **Novotel Brighton Beach** (4½ star)

H02 **The Grand Pines Tourist Park**

- Standard King Room
AUD\$209.00 per room/ per night

- Standard Cabin (share bathroom) AUD\$88.00 per room/ per night

- Ensuite Cabin AUD\$125.00 per room/ per night

**Please note the rates above are per night. The rates are in Australian dollars and breakfast is NOT included in the above prices.*

Single Double Twin I will be sharing with _____

Arrival Date _____ Time _____ Departure Date _____

Special Requests _____ Smoking Non-Smoking

I require a wheelchair accessible room

As I will be checking in prior to 1400hrs, I wish to pre-register my room (and pay an additional night's tariff)

ACCOMMODATION DEPOSIT: AUD\$ _____

OTHER ACCOMMODATION ARRANGEMENTS

If you have not booked accommodation via this form, would you please provide us with your accommodation details below:

Hotel Name: _____

Check in: _____ Check out: _____

If the above is not applicable, please advise of your other accommodation arrangements:

Day Registration only Family and friends Local resident

SECTION 8 - SUMMARY OF PAYMENT

Section 4 Registration Fees AUD\$ _____

Section 5 Social Functions AUD\$ _____

Section 7 Accommodation Deposit AUD\$ _____

TOTAL PAYMENT ENCLOSED: AUD\$ _____

All payments must be made in Australian dollars. All rates quoted are inclusive of GST.

Cheques: Cheques should be made payable to: **NFCC 2008**

Direct Deposit:

Bank: Australia & New Zealand Banking Group

BSB: 012 - 071

Branch: Chinatown, 665-669 George Street, Haymarket NSW 2000

Account: 4820 50245

Please note: You must send a remittance advice to the Conference Secretariat stating your name and ID number to ensure your payment is recorded against your registration.

Credit Card: If you wish to pay by credit card, please complete the following:

Visa

Mastercard

American Express

Diners

Credit Card Number _____

Card Holder's Name _____

Expiry Date _____ / _____ Signature _____

- Please note that credit card debits, excluding accommodation, will appear as ICMS Australasia on your credit card statement.
- Note that if you are making a credit card payment from a country outside Australia, for security reasons you must first advise your banking institution of the impending charge and authorise them to allow the charge from Australia to go through. Please allow up to 48 hours (this is due to the time difference between our countries).

Please send form and payment to:

2008 National Foster Care Conference Secretariat

C/ - ICMS Australasia

GPO Box 3270 Sydney NSW 2001 Australia

Tel: +61 2 9254 5000 Fax: +61 2 9251 3552

Registration & accommodation enquires: annebs@icmsaust.com.au

General enquires: conf2008@bigpond.com

Website: www.fostercare.org.au

Agreement

By registering for this event, you agree to abide by the terms and conditions set out in the brochure.

Registration cancellation policy

Cancellations must be notified in writing to the Conference Secretariat. Cancellations made before 1 October 2008 will be refunded less AUD\$150.00 to cover administration costs. Refunds for cancellations received on or after 1 October will only be made in exceptional circumstances. As an alternative to cancellation, your registration may be transferred to another person on or before 1 October without incurring any cost penalty. The Conference Secretariat must be advised in writing of any alterations or transfers.

I have read and fully understand the cancellation policy.

Privacy policy

In registering for this conference relevant details (name/country/organisation) will be incorporated into a delegate list for the benefit of all delegates, and may also be made available (if necessary) to parties directly related to the conference including venues, accommodation providers, sponsors, key suppliers and future conferences.

Your name and contact information may be used by the event manager and the Australian Foster Care Association Inc for marketing and managing this and future events of this type. You may opt out at any time.

Please tick if you **do not** consent to the collection, use and disclosure of your information for the conference delegate list.

Signature: _____ Date: _____

Regular program updates and further information and the registration brochure are available online at www.fostercare.org.au