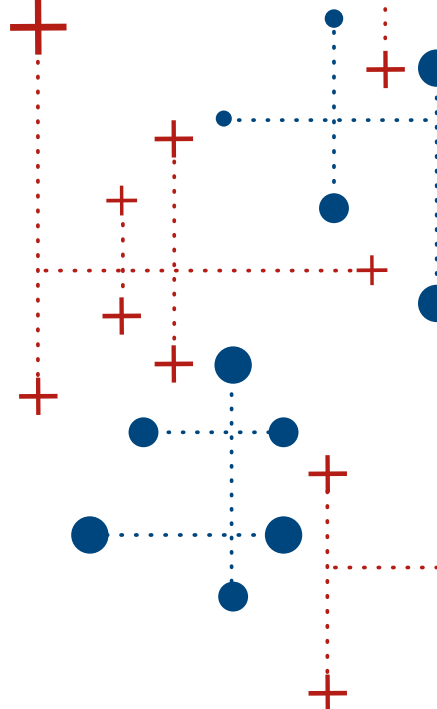


## Third Annual ACT Alcohol and Other Drug Sector Conference Registration Form

# All Things Being Equal: Exploring the Burdens of Harm

Thursday 24 June 2010 • 9am – 5:30pm  
National Library of Australia, Parkes Place, Parkes, ACT



## + Conference Registration Form

Please PRINT or TYPE in block letters and send to:

ACT Alcohol and Other Drug Sector Project  
Youth Coalition of the ACT  
PO Box 5232, Lyneham, ACT 2602  
Fax: 6249 1675  
Email: [conference@aodsector.org.au](mailto:conference@aodsector.org.au)

Please tick applicable boxes on the form.

### A. Personal Details

Title:	Given Name:	Family Name:
<hr/>		
Organisation:	<hr/>	
Job Title:	<hr/>	
Sector:	<hr/>	
Postal Address:	<hr/>	
Postal Code:	<hr/>	
Telephone Number:	<hr/>	
Fax Number:	<hr/>	
Email:	<hr/>	
Preferred Name on Badge:	<hr/>	
Special Dietary Requirements:	<hr/>	
Any Other Special Requirements:	<hr/>	

## B. Delegates List

I agree to my name, organisation and email address being included on the delegate's list.

## C. ACT AOD Sector eBulletin

The ACT AOD Sector Project produces a monthly ACT AOD Sector eBulletin that contains a concise summary of information, important developments, publications, events and other information relevant to AOD workers in the ACT.

Please subscribe me to the ACT AOD Sector eBulletin

## D. Payment Details

Payment of fees must accompany all registration forms. Your Registration **WILL NOT** be confirmed until payment is received in full. Please tick one of the following registration fee options:

Community organisations **\$75** (GST Inclusive)

Government/Business **\$85** (GST Inclusive)

Students **\$55** (GST Inclusive)

Limited registration subsidies for people who would otherwise have difficulties attending the conference are available.

## E. Payment Method

I have transferred the sum of AUD\$..... by bank transfer notice to you.

Beneficiary's Name: Youth Coalition of the ACT

Bank Name: Westpac

BSB Code: 032-795

Account Number: 10-8280

Please quote reference: AODCR (Name of organisation or individual)

Please also advise payment details to:

Post: Youth Coalition of the ACT, PO Box 5232 Lyneham, ACT 2602

Email: [conference@aodsector.org.au](mailto:conference@aodsector.org.au)

A cheque is attached for the sum of AUD\$.....

Cheques are payable to: Youth Coalition of the ACT.

## F. Notes

**Confirmation:** Bookings will be confirmed by fax or email when full payment is received.

**Cancellations:** All cancellations must be in writing and will be acknowledged by fax or email. Cancellations after Monday 21 June 2010 will incur the full conference fee.

All amounts are in Australian dollars and include GST. Upon payment of the amount detailed above, this document will be a tax invoice. ABN No. 59 552 254 521.

Registration includes morning tea, lunch and afternoon tea and the ticket to the ACT AOD Sector Conference Party. Each delegate will receive a conference pack. Information about the conference will be posted after the event on [www.aodsector.org.au](http://www.aodsector.org.au).

## G. Follow Up Information

Following receipt of registration, the ACT AOD Sector Project Team will email you with further information regarding the conference, including an agenda and venue details.

## H. More Information

For more information visit [www.aodsector.org.au](http://www.aodsector.org.au) or contact a member of the ACT AOD Sector Project Team on:

**Phone:** (02) 6247 3540 **Email:** [conference@aodsector.org.au](mailto:conference@aodsector.org.au)