

REGISTRATION FORM – DG 2008

Please print all details clearly and complete all requested information.

CHILDREN

As a courtesy to others, parents are asked **NOT** to bring children into Congress Rooms or the Saturday evening event. Thank you.

Do you wish to take advantage of our specially equipped Parents Room Facilities? (For under 3 year olds) Yes No

DG SATURDAY BALL

PLEASE indicate your **DEFINITE** attendance at the DG Ball Yes No

Dietary Requirements Please let us know of your special needs including any special requirements etc. (eg. vegetarian meals).

Requirements are _____

Names _____

PRIVACY ACT

Granting permission to provide your contact details to exhibitors helps us undertake chiropractic research.

Are you prepared to help in this way? Yes No

NAME TO APPEAR ON BADGE

Preferred first name _____

Surname _____ Title (DC/1 YR/CA/PARTNER/PATIENT/STUDENT) _____

Telephone Office _____ Telephone Home _____

Facsimile _____ Email _____ D.O.B _____

Postal Address _____

City _____ Postcode _____ State _____ Country _____

If student, name of college/university _____ Study Year _____

Your Registration \$ _____

LIST TEAM MEMBERS ATTENDING DG 2008 (use separate sheet if necessary)

Preferred first name	Surname	Title (DC/1 YR/CA/PARTNER/PATIENT/STUDENT)	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

SPECIAL STUDENT BONUS Friday 22nd February

Students only Workshop.

Please indicate if you are attending this important Workshop – require numbers for catering purposes. Yes No

EXTRA TICKETS FOR FUNCTIONS

Additional Buffet Luncheon Tickets

Name/s _____ @ \$50 per person \$ _____

Additional DG Saturday Ball Tickets (Cancellation of Event Tickets will incur a \$22 charge)

Name/s _____ @ \$150 per person \$ _____

Team Dinner (Attendance at the Team Meeting & Dinner is necessary for Speakers and all Logistics Team Members (Friday 2.00pm till 6.30pm))

Name/s _____ @ \$60 per person \$ _____

TOTAL PAYMENT \$ _____

I WOULD LIKE TO PAY BY (please tick appropriate box)

Cheque/Money Order - Made payable to: Australian Spinal Research Foundation (ASRF)

Bankcard Mastercard Visa Amex Card Number _____

Cardholder's Name _____ Expiry Date _____

Cardholder's Signature _____

Office Use _____ Batch# _____ Entered By _____ Date _____

For hotel registration phone
1800 074 344
and ask for 'Dynamic Growth' rates.