

CLIMATE FOR CHANGE:
AGEING INTO THE FUTURE



**INTERNATIONAL FEDERATION ON AGEING
10TH GLOBAL CONFERENCE**

MELBOURNE, AUSTRALIA: 3-6 MAY 2010

**INTERNATIONAL FEDERATION ON AGEING 10th GLOBAL CONFERENCE
REGISTRATION FORM**

Please print clearly or type and keep a photocopy of this form for your records or register online at www.ifa2010.org. The information submitted will be reproduced in the delegate list at the Conference and be used for all mailings. Please ensure the information you complete is correct.

Please complete the form and mail immediately with your credit card details or cheque payable to:

IFA 2010 Conference Managers

GPO Box 128
Sydney NSW 2001, Australia
Telephone: (61) 2 9265 0700
Fax: (61) 2 9267 5443
Email: ifa2010@arinex.com.au

Note: Cheques will not be accepted after 29 March 2010.

A. DELEGATE

DELEGATE TITLE (please tick)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (please indicate)	
FAMILY NAME		
GIVEN NAME		
ORGANISATION / ASSOCIATION		
POSITION		
STREET ADDRESS		
CITY/SUBURB		STATE
COUNTRY		POSTCODE / ZIP
TELEPHONE		
MOBILE PHONE		
FAX		
EMAIL		
PREFERRED NAME ON NAME BADGE		

B. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

Category	Early Registration Before 4 February 2010	Standard Registration After 4 February 2010	Late/Onsite Registration
Members	A\$750.00	A\$900.00	A\$1050.00
Non Members	A\$895.00	A\$1045.00	A\$1195.00

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form. **To be entitled to the early registration fee, you must have registered and paid by 4 February 2010.**

B. Sub-Total Registration Fee: \$ _____

C. ACCOMMODATION

- A minimum one night's deposit must be paid or credit card details given at time of booking to guarantee reservation
- Deposit is non-refundable at 29 March 2010
- Bookings made on or after 29 March 2010 must be secured with credit card details.
- Cancellations must be notified in writing to the Conference Managers.

Hotel and Deposit Requirements

Hotel	Room Type	Room only rate per room per night	Room & Breakfast rate per room per night	Number of nights required	Deposit
Urban Central	Dormitory Bed <input type="checkbox"/>	A\$35.00	N/A		
	Double Room Single <input type="checkbox"/> Double <input type="checkbox"/>	A\$115.00	N/A		
	Family Room <input type="checkbox"/>	A\$145.00	N/A		
Hotel Enterprize Melbourne	Budget Courtyard Room Single <input type="checkbox"/>	A\$95.00	A\$105.00		
	Budget Courtyard Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$95.00	A\$115.00		
	Superior Room Single <input type="checkbox"/>	A\$130.00	A\$140.00		
	Superior Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$130.00	A\$150.00		
Pensione Hotel Melbourne	Petite Room Single <input type="checkbox"/>	A\$120.00	A\$135.00		
	Petite Room Double <input type="checkbox"/>	A\$120.00	A\$150.00		
	Standard Room Single <input type="checkbox"/>	A\$130.00	A\$145.00		
	Standard Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$130.00	A\$160.00		
Hotel Ibis Little Bourke Street	Standard Room Single <input type="checkbox"/>	A\$139.00	A\$157.00		
	Standard Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$139.00	A\$175.00		
Travelodge Hotel Southbank Melbourne	Standard Room Single <input type="checkbox"/>	A\$154.00	A\$169.00		
	Standard Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$154.00	A\$184.00		
Medina Executive North Bank	One Bedroom Apartment <input type="checkbox"/>	A\$189.00	N/A		
Crowne Plaza Melbourne	Standard Room Single <input type="checkbox"/>	A\$215.00	A\$235.00		
	Standard Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$215.00	A\$255.00		
Crown Promenade Hotel	Standard Room Single <input type="checkbox"/>	A\$220.00	A\$245.00		
	Standard Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$220.00	A\$260.00		
Melbourne Shortstay Apartments Southbank	Two Bedroom Executive Apartments – One Bathroom <input type="checkbox"/>	A\$235.00	N/A		
	Two Bedroom Executive Apartments – Two Bathrooms <input type="checkbox"/>	A\$245.00	N/A		
Hilton Melbourne South Wharf	Hilton Guest Room Single <input type="checkbox"/>	A\$295.00	N/A		
	Hilton Guest Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$295.00	N/A		
Crown Towers	Deluxe Room Single <input type="checkbox"/>	A\$300.00	A\$325.00		
	Deluxe Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	A\$300.00	A\$350.00		

Important - Please complete this section

Arrival/Check in Date _____ Estimated Time of Arrival _____

Departure/Check out Date _____ Estimated Time of Departure _____

Please note: Most hotels have a check in time of 2.00pm. If you wish to guarantee check in before 2.00pm you will need to pre-register, that is to book and pay for the previous night.

I wish to guarantee early check in by pre -booking and paying for the previous night on ____/____/____

I will be sharing this room with _____
 Special Requirements e.g. smoking/ non smoking room/ bedding configurations (subject to availability)

Please indicate below whether you wish to pay for your entire stay:

- Yes, I wish to pay for my entire stay now
 No, I only wish to pay the one night's deposit now

Apartment Room Requirements

- 1 Bedroom Apartment (1 double bed)
 1 Bedroom Apartment (2 single beds)
 2 Bedroom Apartment (1 double and 2 single beds)
 2 Bedroom Apartment (2 double beds)

If your first preference of hotel, as indicated above, is not available, the Conference Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference _____

I do not require the Conference managers to book accommodation for me.
 I have made my own arrangements. I will be staying:

Name of Hotel _____

- With friends or family

C. Sub-Total Accommodation: \$ _____

D. SOCIAL PROGRAM

NOTE: All fees include the 10% Goods and Services Tax (GST).

The following events are **included** in the Registration Fee for Delegates. If you require **additional** tickets please complete this section:

Event	Venue	Cost per Ticket	Number of Additional Tickets Required
Welcome Reception	Melbourne Convention and Exhibition Centre	A\$85.00	

The following events are **optional** for the Social Program and are **not included** in the Registration Fee for Delegates. If you require tickets for these events please complete this section:

Event	Venue	Cost per Ticket	Number of Tickets Required
Conference Dinner: A night on the Town	Meeting Point: Melbourne Convention Centre Foyer	A\$56.00	
Conference Dinner: The Colonial Tramcar Restaurant Dinner	Meeting Point: Melbourne Convention Centre Foyer	A\$85.00	

D. Sub-Total Additional Social Tickets: \$ _____

E. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have specific dietary requirements, please indicate below. We will endeavour to cater to your needs but this may not be possible in every case. * Please note that if you have selected Kosher or Halal, you will be provided with a vegetarian meal. Should you require alternative meal arrangements, please contact the Conference Managers.

- Delegate Dietary Requirement: Gluten Free Vegetarian
 Halal* Vegan
 Kosher* Lactose Intolerant
 No Beef Allergy to Nuts
 No Seafood Other, please specify _____

Special Requirements:

Should you have any special requirements, please enter the details below. (Eg. Wheelchair access required, vision impaired).

F. INFORMATION SOURCE

Please indicate how you heard about IFA 2010:

- Direct Newsletter
- Promotion at another Conference
- Industry Colleagues
- Journal/newspaper Article
- Other _____ (please specify)

G. PRIVACY

YES – I consent to my name and address being passed on to another organization involved in organizing a similar event or distributing material related to the subject matter of the Conference.

NO – I do not consent

YES – Please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Conference which will be supplied to organising bodies and all participants attending the Conference.

NO – Please do not include my details in the Delegate List.

H. PAYMENT AND CONDITIONS

Section B	Registration Fee	\$
Section C	Accommodation	\$
Section D	Social Program	\$
Cheque Processing Fee		\$10.00

TOTAL FEES ENCLOSED: \$ _____

NOTE: registrations will not be processed or confirmed until payment in full is received. Cheques will not be accepted after 29 March 2010.

I have read and agree to all the conditions i.e. cancellation, refunds and entitlements, outlined on the Conference website.

Cheque

Please find enclosed cheque payable to the International Federation on Ageing 10th Global Conference. Your full name and invoice number should be printed clearly on the back of the cheque. Cheques will not be accepted after to 29 March 2010.

Credit Card

Please charge the total amount above to the following credit card

MasterCard Visa Card AMEX Diners

Please note all transactions by credit card will appear on your statement as payment to **Conference by arinex**.

Credit card number: □□□□ □□□□ □□□□ □□□□ Exp Date: □□/□□

Name on card: _____

Billing address: _____

Signature: _____ Date ____/____/____

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.

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