

For office use only

Ref no: .....

Date received: .....

C/C Approval: .....

## Register online at [www.ipcperth2010.com](http://www.ipcperth2010.com)

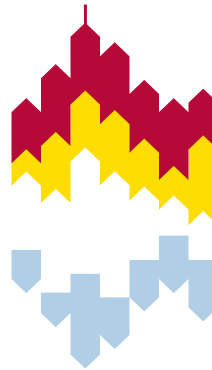
Please print clearly and return completed form with payment to:

IPC Perth 2010 Conference Secretariat

**EECW Pty Ltd**

PO Box 749, Wembley, WA, 6913

or fax to 08 9389 1499 (Intl fax: +61-8-9389 1499)



# INTERNATIONAL PROPERTY CONFERENCE 2010

PERTH, WESTERN AUSTRALIA 21-23 APRIL

## PRIVACY STATEMENT

In registering for this event relevant details may be incorporated into a delegate list for the benefit of all delegates, sponsors, exhibitors, the Australian Property Institute and Property Institute of New Zealand and its divisions, EECW Pty Ltd and other parties directly related to the Conference.

If you do not wish to have your name and contact details provided to the above mentioned parties or for future promotion, please tick this box.

All prices are in Australian Dollars and include Australian Goods & Services Tax

THIS REGISTRATION FORM IS A TAX INVOICE ABN 49 007 505 866

## PLEASE PRINT CLEARLY AND KEEP A COPY FOR YOUR RECORDS

### DELEGATE INFORMATION

Family Name ..... Title ..... First Name .....

Organisation ..... Position .....

Postal Address .....

Suburb ..... State ..... Country ..... Post Code .....

Telephone: ( ) ..... Fax: ( ) .....

Mobile: ..... Email: .....

Name to appear on your name badge (eg Chris Jones) .....

Special Requirements (dietary or otherwise) .....

Accompanying Partner (Name Badge Only) .....

### REGISTRATION FEES

#### SAVE \$50 on Early Bird Prices with the Web Hot Registration available online only until 23 December 2009

Member prices are available to all members of the Australian Property Institute and the Property Institute of New Zealand

Registration Type	Early Bird Closes 28/2/10	Regular Closes 6/4/10	Late From 7/4/10 o/wards
Member Full Registration	<input type="checkbox"/> <b>\$800</b>	<input type="checkbox"/> <b>\$950</b>	<input type="checkbox"/> <b>\$1200</b>
Non Member Full Registration	<input type="checkbox"/> <b>\$950</b>	<input type="checkbox"/> <b>\$1075</b>	<input type="checkbox"/> <b>\$1500</b>
API/PINZ Member Shared Registration*	<input type="checkbox"/> <b>\$960</b>	<input type="checkbox"/> <b>\$1140</b>	<input type="checkbox"/> <b>\$1440</b>
Non Member Shared Registration*	<input type="checkbox"/> <b>\$1140</b>	<input type="checkbox"/> <b>\$1290</b>	<input type="checkbox"/> <b>\$1800</b>
Member Day <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> <b>\$440</b>	<input type="checkbox"/> <b>\$520</b>	<input type="checkbox"/> <b>\$660</b>
Non Member Day Rate <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> <b>\$520</b>	<input type="checkbox"/> <b>\$600</b>	<input type="checkbox"/> <b>\$825</b>

\*Shared Registration Guidelines: Only one representative to be in attendance at any one time. No more than 2 representatives sharing per day permitted

SUB TOTAL SECTION B: \_\_\_\_\_

## SOCIAL EVENTS

The **Welcome Reception**, is included in the registration of full delegates. For catering purposes however delegates are required to indicate their attendance at this inclusive social event. Failure to indicate will be registered as a not attending.

Date	Function	Cost per person	Attendance (please indicate)	No of Tickets	Total Cost	
Wed 21 Apr	<b>Welcome Reception</b>	Full Registration	Nil	Yes/No	1	Nil
		Additional Tickets	\$60			
Thurs 22 Apr 1700 – 2130	<b>Twilight Sailing Race</b>	Tickets	\$145			
Fri 23 Apr 1900 - late	<b>Conference Dinner</b>	Delegate Ticket - <i>one per delegate</i>	\$100			
		Additional Tickets	\$130			
<b>SUB TOTAL SECTION C</b>						

## TECHNICAL TOURS *Wednesday 21 April 2010 1300 – 1730*

Tour	Cost per person	No of Tickets	Total Cost
Port City of Fremantle	\$35		
Swan Valley	\$35		
Perth City	\$35		
<b>SUB TOTAL SECTION D</b>			

## ACCOMMODATION *Accommodation bookings close 7 March 2010*

A deposit of one night's payment for your nominated hotel or a credit card number is required with registration to secure your booking. 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. All rooms are subject to availability at the time of booking.

Arrival Date: ..... / ..... / 2010 ETA ..... Departure Date: ..... / ..... / 2010

Hotel	Distance to Venue	Cost (per night)	Room Type	Bedding Configuration (please indicate)
Intercontinental Burswood	Onsite	\$255	Classic Room	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
Holiday Inn Burswood	Onsite	\$215	Urban Room	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
Great Eastern Motor Lodge	10 minute walk	\$150	Standard	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
		\$205	Family	<input type="checkbox"/> 2 Bedroom / 1 Bathroom
Goodearth Hotel	10 minute taxi (trains/bus available)	\$130	Studio Room	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
Perth Ambassador Hotel	10 minute taxi (trains/bus available)	\$130	Standard Room	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
		\$150	Deluxe Room	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double
Comfort Hotel	10 minute taxi (trains/bus available)	\$148	Studio Queen	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double

If sharing or accompanied by another person in a **Twin/Double room** please advise name: .....

## PAYMENT

Please use my credit card to secure my accommodation booking as outlined in the Payment Details Section

Sub Total Section B \$ ..... Sub Total Section C \$ ..... Sub Total Section D \$ ..... Sub Total Section E \$ .....

*Not applicable if providing credit card details*

**TOTAL PAYABLE** \$ .....

### Credit Card Payment

Please charge \$ ..... to my:  Mastercard  Visa  AMEX

Card Number: ..... / ..... / ..... / .....

Cardholder's Name: ..... Expiry date: ..... / ..... Signature: .....

### Cheque

Please make Cheques payable to **API – PINZ 2010 Conference** and forward to the Conference Secretariat: EECW Pty Ltd, PO Box 749, WEMBLEY, WA, 6913

I understand and accept the conditions of the cancellation policy

(refer to **Cancellation Policy** in this registration brochure)

Signature: .....