**DEC SUSPENSION CENTRE STATE CONFERENCE**

**24 – 25 NOVEMBER 2011**

**REGISTRATION FORM**

**Return by fax to 9605 1407 by 11/11/11**

**DELEGATE’S DETAILS**

***FIRST NAME***

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***SURNAME***

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***PHONE NO.***

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***MOBILE NO.***

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***EMAIL***

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***POSITION TITLE & LOCATION***

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***WILL YOU BE BOOKING ACCOMMODATION AT THE VENUE? YES NO***

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***WILL YOU BE REQUIRING A BUFFET BREAKFAST? YES NO***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***WILL YOU BE ATTENDING THE CONFERENCE DINNER? YES NO***

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***DIETARY REQUIREMENTS (IF ANY)***

**TRANSPORT**

***MODE OF TRAVEL (please circle) PLANE TRAIN CAR***

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***IS BUS TRANSFER REQUIRED? YES NO***

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