



W. A. Orchid Spectacular Conference & Show 2017
5th – 6th August 2017
Rendezvous Hotel, West Coast Hwy, Scarborough, Western Australia

Registration details (Please print clearly)

Confirmation and communication for all registrants on this form will be provided to the Primary Registrant only.

Primary Registrant

Title (Mr /Mrs /Ms /Dr/Prof) **First Name** **Family Name**

Postal Address

SUBURB/TOWN **STATE** **POST CODE**

Country **Email Address**

Phone **Mobile**
 (please include country code and area code)

Name Badge details: Preferred Name for Badge

Society/Orchid Club/Other for Badge

Registration Classification (please check appropriate box with x)
 Exhibitor Commercial Exhibitor Vendor Hobbyist Other

Please note only Primary Registrants, that are suitably qualified, will be eligible to participate in judging.

Judge Please indicate Authority e.g. AOC, AOS, BOC etc

Please indicate preferred genera
 (1) (2) (3)

Special requirements (Please specify e.g. dietary, disabled, wheelchair etc)

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Accompanying Registrant (Partner)

Title (Mr /Mrs /Ms /Dr/Prof) **First Name** **Family Name**

Name Badge details: Preferred Name for Badge

Society/Orchid Club/Other for Badge

Registration Classification (please check appropriate box with x)
 Exhibitor Commercial Exhibitor Vendor Hobbyist Other

Special requirements (Please specify e.g. dietary, disabled, wheelchair etc)

FULL REGISTRATIONS CLOSE 1st July 2017
LATE REGISTRATIONS CLOSE 31st July 2017

Late registration may be accepted after, **1st July 2017** but no guarantee of registration entitlements or function tickets.

LATE REGISTRATION FEE WILL BE \$150 PRIMARY REGISTRANT \$100 ACCOMPANYING REGISTRANT

All enquiries please contact Conference Secretary:
Telephone number within Australia is 9276 1704

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PRIMARY REGISTRANT'S NAME

ACCOMPANYING REGISTRANT'S/PARTNER NAME

All prices quoted below are per registrant, in Australian Dollars and include GST. Please complete sections applicable to all registrants.

<p>FULL REGISTRATION 5th – 6th August 2017 3 days including set up. Registration includes:- Daily admission to Conference Venue, all lectures, Welcome Ceremony and Orchid Show Preview, early entry for photography, pre- purchasing opportunities.</p>	<p>Paid by 1st July 2017</p> <p>Primary Registrant</p> <p>Accompanying Registrant (Partner.)</p>	<p>No. of Delegates</p> <p><input type="text"/> x \$100.00 AUD</p> <p><input type="text"/> x \$75.00 AUD</p>	<p>Payment</p> <p>\$ <input type="text"/></p>
<p>REGISTRATION Paid after 1st July 2017 Primary Registrant</p> <p>Accompanying Registrant (Partner.)</p> <p>CLOSES 31st July 2017 (see registration form for late registration fee details)</p>	<p>Primary Registrant</p> <p>Accompanying Registrant (Partner.)</p>	<p><input type="text"/> x \$150 AUD</p> <p><input type="text"/> x \$100 AUD</p>	<p>\$ <input type="text"/></p>
<p>WELCOME CEREMONY Friday 4th August 2017 Rendezvous Hotel, West Coast H/W, Scarborough</p>	<p>Complimentary to Full Registrants (Primary/Accompanying Registrant). For catering purposes, please indicate if you will be attending. Additional guest – non full registrant</p>	<p>Attending Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number <input type="text"/> x \$35 AUD</p>	<p>\$ 0</p> <p>\$ <input type="text"/></p>
<p>CONFERENCE DINNER NO BYO Saturday 5th August 2017 Including 3 course dinner & Cash Bar Rendezvous Hotel, West Coast H/W, Scarborough</p>	<p>Primary & Accompanying Registrant Other</p>	<p>per person <input type="text"/> x \$75 AUD</p> <p><input type="text"/> x \$75 AUD</p>	<p>\$ <input type="text"/></p>
<p>TOTAL PAYMENT FOR REGISTRATION/WELCOME CEREMONY AND DINNER</p>			<p>\$ <input type="text"/></p> <p>AUD</p>

REGISTRATION AND PAYMENT DEADLINE 1st July 2017

Payment Details	(please make cheque/money order payable to WA Regional Orchid Organisation Inc)		
Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Payment of \$AUD <input type="text"/>	is enclosed
<p>Please post your registration form with payment to: W. A. Orchid Spectacular Conference & Show 2017 P O Box PO Box 49, Dianella WA 6059 or email scanned documents to bruce@pegasusconsulting.org</p> <p>Alternatively direct deposit to our bank account:- Bank: Westpac Bank Branch: Kalamunda WA Account Name: WA Regional Orchid Organisation Inc Branch BSB No: 036-065 Account No: 209299 When making direct deposit please add primary registrant's family name details and post registration form as above</p>			

Registration Cancellations. Cancellations made before 1st July 2017 will be refunded, less 30% to cover administration costs. No registration refunds will be made after this date. As an alternative to cancellation, you may transfer your registration to another person on or before 1st July 2017. **Cancellations or transfers will not be accepted unless notified in writing to the Conference Secretary before the above mentioned date.**

Disclaimer. The Conference hosts, organising committee and their agents act only as organisers of these activities and do not accept responsibility for any act or omission on the part of the service providers. No liability is accepted for incorrect description, delay, damage, death or personal injury.

Activities. The Conference organisers reserve the right to cancel or vary activities, if minimum numbers are not reached or if maximum numbers are exceeded. Regrettably, optional social functions and additional ticket cancellations will not be refunded if participation is cancelled less than 48 hours prior to the activity. Full registrants have priority to all events.

Please Note: Casual vacancies allocated in order of inquiry.