**The Public Defenders**

**Day of Practical Advocacy**

**at Newcastle**

**Saturday 26 September 2015**

|  |
| --- |
| REGISTRATION FORM  Tax Invoice  ABN: 11 005 693 553  Section 1 - PERSONAL DETAILS |

Title (Mr/Mrs/Ms/Dr/Prof) \_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address (number/street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary/Disability requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as you wish it to appear on name badge First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2 - REGISTRATION FEE (prices incl. GST)

**Registration Fee**

Set Fee □ $85.00

\*all registration forms to be submitted together  **REGISTRATION FEE TOTAL:** **AUD \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Section 3 – PAYMENT OPTIONS

□ **EFT Payment** - If paying by electronic funds transfer, please transfer payment to:

Bank: **Westpac** Account Name: **Dept of Attorney General and Justice** BSB: **032-001** Account Number: **201716**

Bank transaction reference should include: **PD ADV NEWC 15**

**Remittance Advice must be forwarded to:** [**PD\_Conferences@agd.nsw.gov.au**](mailto:PD_Conferences@agd.nsw.gov.au)

□ **Credit card** -If paying by credit card, please complete the following: □ Visa □ Mastercard □ Amex

Credit card number \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ CVV No. Expiry

Card holder’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Complete attached form and send to:

**CONSENT**

In registering for this conference relevant details (name/address) will be incorporated into a delegate list for the benefit of all delegates, and also may be made available to parties directly related to the conference including venues and key suppliers.

I consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in accordance with and for the purpose outlined above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email: ruth\_heazlewood@agd.nsw.gov.au

**Alternatively:**

# Email: kim\_andrew@agd.nsw.gov.au

# Enquiries:

# 🕿 02 9268 3122

# RSVP by 18 September 2015