

# OCCA CONFERENCE 2010 REGISTRATION FORM

## DELEGATE INFORMATION

Please photocopy if you wish to register more than on staff member.  
And also keep a copy for your reference.

First Name: \_\_\_\_\_

Your name as you would like to be on your name badge  
\_\_\_\_\_  
\_\_\_\_\_

Organisation: \_\_\_\_\_

Suburb / Town: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

## WORKSHOP SELECTIONS.

Please select 1<sup>st</sup> and 2<sup>nd</sup> preferences for each concurrent session.

### SATURDAY 29<sup>TH</sup> MAY

Concurrent Sessions 1: 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

Concurrent Sessions 2: 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

### SUNDAY 30<sup>TH</sup> MAY

Concurrent Sessions 3: 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

Concurrent Sessions 4: 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

## PLEASE CIRCLE YOUR ATTENDANCE

2 day delegate: **Yes/No**

Saturday delegate only: **Yes/No**

Sunday delegate only: **Yes/No**

I will be attending the pre dinner drinks and the  
conference dinner: **Yes/No**

### PRE DINNER DRINKS

Members: \$20.00

Non Members: \$35.00

### CONFERENCE DINNER

Members: \$60.00

Non Members: \$75.00

N.B: if you are attending the conference for the 2 days  
your pre dinner drinks/conference dinner is included in  
your registration costs.

Are you a vegetarian? **Yes / no**

Do you have any allergies? **Yes/No**

Do you require any special assistance? **Yes/No**

If so please specify:

**CLOSING DATE FOR REGISTRATION WILL  
BE FRIDAY 7TH MAY 2010**

## AGREEMENTS

I agree that (cross out any which do not apply)

- My name and service contact details can be published in the program and / or related documentation for use during the conference.
- Any photos taken of me during the conference can be used by OCCA in publications such as newsletter, website and/or Annual Report/
- My name and service contact details can be used to notify me about future OCCA Conferences and related events.

Signed: \_\_\_\_\_

## PAYMENT METHOD:

Occasional Child Care Association Inc will issue an official tax invoice upon payment. This is an

## **INTERIM TAX INVOICE**

**OCCA NSW ABN: 39 515 812 158  
OCCA NATIONAL ABN: 77 497 963 844**

## TOTAL AMOUNT TO BE PAID:

I enclose my Cheque for \$ \_\_\_\_\_

Number of delegates attending from your centre:

**PLEASE MAKE YOUR CHEQUE PAYABLE  
TO:**

Occasional Child Care Association  
NSW/National Inc.

Please fill in the registration form with your workshop preferences/pre dinner/conference dinner requests.

Payment and registration form must be returned together to our OCCA office addressed to:

OCCA Conference  
Occasional Childcare Association of NSW Inc  
PO Box 184

Wentworthville NSW 2145

Or

Fax to Mary (02) 9635 9613 or Kathy(02) 9542 4029

For any further information regarding conference please call

**MARY: 0405 149 500 OR KATHY 0409 714 215**

**CANCELLATION POLICY:** OCCA makes every attempt to ensure that all workshops will be delivered, however we do reserve the right to cancel or alter arrangements if required. At the time when registration packages were forward to services, all information was correct. If a workshop is cancelled OCCA will advise you all ASAP. Refunds will only be issued if cancellations are received by **7<sup>th</sup> May 2010. A \$50.00 administration fee will apply.** Cancellations will not be accepted after this date but can be transferred to another person in your organisation. **PLEASE NOTE: THERE WILL BE NO REFUNDS**