AUUG 2005 REGISTRATION FORM - TAX INVOICE

AUUG 2005–The Conference for Unix, Linux and Open Source Professionals

Location: Carlton Crest Hotel, 169-179 Thomas Street, Sydney NSW 2000 Tutorials: 16-18 October 2005 Conference: 19-21 October 2005

WHEN COMPLETED THIS FORM SERVES AS A TAX INVOICE. AUUG ABN 15 645 981 718.

PLEASE READ CAREFULLY

| Organisation | n | | | | | | |
|--------------|--|---------------------------------|---------------------------------|-------------------------------------|---------------------------------|-----------------------|--|
| · · | | | | | | | |
| | rb | | | | P/code | | |
| | | | | | | | |
| Section A | 2: PARTICIPANT PERSON | AL DETAILS | | | | | |
| Attendee 1 | : Title (Dr/Mr/Mrs/Ms/Miss) | First Name | | Surnam | e | | |
| | Position | | | | | | |
| | T-Shirt Size: ☐ Medium ☐ | | | | | | |
| | Consent to include name on atte | endee list - for distribution a | mongst attendees Yes | ■ No (If no selection | made AUUG will assume "Ye | es") | |
| Attendee 2 | : Title (Dr/Mr/Mrs/Ms/Miss) | | | | | | |
| | Position | | lease print) | | Phone: | | |
| | T-Shirt Size: ☐ Medium ☐ Consent to include name on atte | | mongst attendees Yes | ■ No (If no selection | made AUUG will assume "Ye | es") | |
| Attendee 3 | : Title (Dr/Mr/Mrs/Ms/Miss) | First Name | | Surname | e | | |
| | Position | E-mail: (pl | lease print) | | Phone: | | |
| | T-Shirt Size: ☐ Medium ☐ Consent to include name on atte | | mongst attendees Yes | ☐ No (If no selection | made AUUG will assume "Ye | es") | |
| Attendee 4 | : Title (Dr/Mr/Mrs/Ms/Miss) | First Name | | Surname | e | | |
| | Position | E-mail: (pl | lease print) | | Phone: | | |
| | | | mongst attendees Yes | ☐ No (If no selection | made AUUG will assume "Ye | es") | |
| Attendee 5 | Position E-mail: (please print) Phone: T-Shirt Size: | | | | | | |
| | Position | E-mail: (pl | lease print) | | Phone: | | |
| | T-Shirt Size: ☐ Medium ☐ Consent to include name on atte | Large | mongst attendees □ Yes | ■ No (If no selection | made AUUG will assume "Ye | es") | |
| For more th | han 5 attendees, please attach s | | | ` | | , | |
| | | | | | | | |
| | : CONFERENCE PLANNING | | d an a first same first samed b | nacia. Diagna indicata y | ubich tutoricl(a) agab attandas | , wishes to attend | |
| i. | Tutorials Attendance is limited. Requests will be processed on a first come, first | | | Jasis. Flease ilidicate v | which tutorial(s) each attended | wishes to attend. | |
| | Attendee 1: | | | Full Day Tutorial 9:00am- 5:00pm | Half Day Morning Tutorial | Half Day Afternoon | |
| | Attendee 2: | | ····· | 3.00diii- 0.00piii | 9:00 am – 12:30pm | 1:30pm - 5:00pm | |
| | Attendee 3: | | ····· Sunday | S1 | | S2 S3 | |
| | Attendee 4: | | ····· Monday | M1 | M2 M3 M4 | M5 M6 M7 | |
| | Attendee 5: | | Tuesday | | T1 T2 T3 T4 | T5 T6 T7 T8 | |
| II. | Conference Programme Please | indicate day/s attending: | | | | | |
| | Attendee 1: Attending t | he whole conference | Wednesday 19 October only | y □ Thursday 20 | October Only Friday | 21 October | |
| | Attendee 2: Attending t | he whole conference | Wednesday 19 October only | y 🗖 Thursday 20 | October Only | 21 October | |
| | Attendee 3: Attending t | he whole conference | Wednesday 19 October only | y 🗖 Thursday 20 | October Only Friday | 21 October | |
| | Attendee 4: Attending t | he whole conference | Wednesday 19 October only | y 🗖 Thursday 20 | October Only Friday | 21 October | |
| | Attendee 5: Attending t | he whole conference | Wednesday 19 October only | y □ Thursday 20 | October Only | 21 October | |
| SPECIAL | REQUIREMENTS: | | | | | | |
| Attendee 1 | : | ☐ Other: | | (spec | ify) | | |
| Attendee 2 | : | □ Other: | | (spec | ify) | | |
| Attendee 3 | : | ☐ Other: | | (spec | ify) | | |
| Attendee 4 | : | ☐ Other: | | (spec | ify) | | |
| Attendee 5 | _ | ☐ Other: | | (spec | ify) | | |
| | - 3 | | | (2500 | •• | | |

PART 1

TUTORIALS (please note tutorial attendance is not included under the conference registration fee)

| | No. of tut sessions attended | | For paym Received Up to 23 | received | | |
|--|------------------------------------|-----------------|----------------------------------|---|-------------------|-----------------|
| AUUG Member-Half Day Tutorial(for each half day tutorial) | | @ | \$360.00 | \$420.00 | (per tutorial) | A\$ |
| AUUG Member-Full Day Tutorial | | @ | \$600.00 | \$660.00 | (per tutorial) | A\$ |
| Non Member-Half Day Tutorial (for each half day tutorial) | | @ | \$540.00 | \$600.00 | (per tutorial) | A\$ |
| Non Member –Full Day Tutorial | | @ | \$800.00 | \$860.00 | (per tutorial) | A\$ |
| CONFERENCE REGISTRATIONS | No. of Attended | es | | | | |
| AUUG Inc., Members | | @ | \$825.00 | \$950.00 | (per attendee) | A\$ |
| Members: ACS, ISOC-AU, LUGs, SAGE-AU, Usenix | | @ | \$915.00 | \$1,040.00 | (per attendee) | A\$ |
| Non-Members | | @ | \$1,000.00 | \$1,125.00 | (per attendee) | A\$ |
| Member Day Registration (per day) | | @ | \$320.00 | \$445.00 | (per attendee) | A\$ |
| Non-Member Day Registration (per day) | | @ | \$440.00 | \$565.00 | (per attendee) | A\$ |
| Student Discounted Registration (unwaged) ID No | | @ | \$110.00 | \$165.00 | (per attendee) | A\$ |
| DISCOUNT 50/ discount and include when a spirit size 2 as a spirit size 2 | | | | | SUB TOTAL | A\$ |
| DISCOUNT 5% discount applicable when registering 2 or n 10% discount applicable when registering 5 or n | | | | LESS DISCOUN | T (if applicable) | A\$ |
| PART 2 | | | | тот | AL (PART 1) | A\$ |
| MEMBERSHIP: AUUG INC. (If you join on this form yo | ou are entitled to the No. of M | | - | o rate for AUUG2005. | Membership va | lid for 1 year) |
| Individual: | | @ | | (per membership Aus | | A\$ |
| Name(s) of Individuals: | | @ | \$160.00 | (per membership outs | ide Australia) | A\$ |
| 1) | | | | | | |
| 2) | | | | | | |
| 4) | | | | | | |
| 5) | | | | | | |
| , | | @ | ¢400.00 | (nor mambarabin Aug | ina CCT) | ۸۴ |
| Corporate: Name of Organisation: | | @ | | (per membership Aus (per membership outs | , | A\$ A\$ |
| Student: | | @ | \$30.00 | (per membership) | | A\$ |
| Name(s) of Students: | | @ | | (per membership outs | ide Australia) | A\$ |
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |
| 4) | | | | | | |
| 5) | | | | | | |
| SOCIAL PROGRAMME Full Conference attendees received If you require additional tickets, | | | orking Recepti | on and the Conference | Dinner. | |
| Wednesday, 19 October, Networking Reception \$ 50 | 0.00 | (Number | r of tickets) | | | A\$ |
| Thursday, 20 October, Conference Dinner \$ 95 | 5.00 | (Number of tick | | | | A\$ |
| | | | | TOTAL (I | PART 2) | A\$ |
| | | | | TOTAL AMOUNT (PART 1 + PAR | | A\$ |
| DAVMENT OPTIONS: | | | | · | <u>'</u> | , |
| PAYMENT OPTIONS: Cheque/Money Order/Credit Card. Please make Cheques pa | vable to: AUUG Inc | S. | | | | |
| Credit Card Payments: | - | ☐ Mastercard | | □ Visa | | |
| Card Number: | | | | Expires: | | |
| Name on card: | | | | Signature: | | |
| Conditional Contract Disease November | | | | 3 | | |

NOTE: This Registration Form serves as a tax invoice when completed. Registrations accompanied by total payment only will be processed in order of receipt. Please return this form, plus payment to: