

# 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*

### Section A1: ORGANISATION DETAILS

Organisation \_\_\_\_\_  
 Address \_\_\_\_\_  
 Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ P/code \_\_\_\_\_  
 Country \_\_\_\_\_ Telephone: Business: \_\_\_\_\_ Facsimile: \_\_\_\_\_

### Section A2: PARTICIPANT PERSONAL DETAILS

**Attendee 1:** Title (Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Position \_\_\_\_\_ E-mail: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_  
 T-Shirt Size:  Medium  Large  X-Large  
 Consent to include name on attendee list - for distribution amongst attendees  Yes  No (If no selection made AUUG will assume "Yes")

**Attendee 2:** Title (Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Position \_\_\_\_\_ E-mail: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_  
 T-Shirt Size:  Medium  Large  X-Large  
 Consent to include name on attendee list - for distribution amongst attendees  Yes  No (If no selection made AUUG will assume "Yes")

**Attendee 3:** Title (Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Position \_\_\_\_\_ E-mail: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_  
 T-Shirt Size:  Medium  Large  X-Large  
 Consent to include name on attendee list - for distribution amongst attendees  Yes  No (If no selection made AUUG will assume "Yes")

**Attendee 4:** Title (Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Position \_\_\_\_\_ E-mail: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_  
 T-Shirt Size:  Medium  Large  X-Large  
 Consent to include name on attendee list - for distribution amongst attendees  Yes  No (If no selection made AUUG will assume "Yes")

**Attendee 5:** Title (Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_  
 Position \_\_\_\_\_ E-mail: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_  
 T-Shirt Size:  Medium  Large  X-Large  
 Consent to include name on attendee list - for distribution amongst attendees  Yes  No (If no selection made AUUG will assume "Yes")

For more than 5 attendees, please attach separate sheet with details.

### Section B: CONFERENCE PLANNING

**I. Tutorials** Attendance is limited. Requests will be processed on a first come, first served basis. Please indicate which tutorial(s) each attendee wishes to attend:

	Full Day Tutorial 9:00am- 5:00pm	Half Day Morning Tutorial 9:00 am – 12:30pm	Half Day Afternoon 1:30pm - 5:00pm
Attendee 1: .....			
Attendee 2: .....			
Attendee 3: .....	<b>Sunday</b>		S2 S3
Attendee 4: .....	<b>Monday</b>	M1	M2 M3 M4 M5 M6 M7
Attendee 5: .....	<b>Tuesday</b>		T1 T2 T3 T4 T5 T6 T7 T8

**II. Conference Programme** Please indicate day/s attending:

Attendee 1:  Attending the whole conference  Wednesday 19 October only  Thursday 20 October Only  Friday 21 October  
 Attendee 2:  Attending the whole conference  Wednesday 19 October only  Thursday 20 October Only  Friday 21 October  
 Attendee 3:  Attending the whole conference  Wednesday 19 October only  Thursday 20 October Only  Friday 21 October  
 Attendee 4:  Attending the whole conference  Wednesday 19 October only  Thursday 20 October Only  Friday 21 October  
 Attendee 5:  Attending the whole conference  Wednesday 19 October only  Thursday 20 October Only  Friday 21 October

### SPECIAL REQUIREMENTS:

Attendee 1:  Vegetarian  Other:..... (specify)  
 Attendee 2:  Vegetarian  Other:..... (specify)  
 Attendee 3:  Vegetarian  Other:..... (specify)  
 Attendee 4:  Vegetarian  Other:..... (specify)  
 Attendee 5:  Vegetarian  Other:..... (specify)

**PART 1**

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

	No. of tutorial sessions to be attended		For payment Received Up to 23 Sep 05	For payment received After 23 Sep 05	
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 Attendees**

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\$.....

**SUB TOTAL A\$.....**

**DISCOUNT** 5% discount applicable when registering 2 or more attendees.  
10% discount applicable when registering 5 or more attendees.

**LESS DISCOUNT (if applicable) A\$.....**

**TOTAL (PART 1) A\$.....**

**PART 2**

**MEMBERSHIP: AUUG INC. (If you join on this form you are entitled to the AUUG membership rate for AUUG2005. Membership valid for 1 year)**

**No. of Memberships**

<b>Individual:</b>	.....	@	\$125.00 (per membership Aust –inc GST)	A\$.....
Name(s) of Individuals:	.....	@	\$160.00 (per membership outside Australia)	A\$.....
1).....				
2).....				
3).....				
4).....				
5).....				
<b>Corporate:</b>	.....	@	\$480.00 (per membership Aust –inc GST)	A\$.....
Name of Organisation:	.....	@	\$600.00 (per membership outside Australia)	A\$.....
<b>Student:</b>	.....	@	\$30.00 (per membership)	A\$.....
Name(s) of Students:	.....	@	\$ 90.00 (per membership outside Australia)	A\$.....
1).....				
2).....				
3).....				
4).....				
5).....				

**SOCIAL PROGRAMME** Full Conference attendees receive 1 ticket each to the Networking Reception and the Conference Dinner.  
If you require additional tickets, please indicate below

Wednesday, 19 October, Networking Reception	\$ 50.00	(Number of tickets)	.....	A\$.....
Thursday, 20 October, Conference Dinner	\$ 95.00	(Number of tickets)	.....	A\$.....

**TOTAL (PART 2) A\$.....**

<b>TOTAL AMOUNT PAYABLE (PART 1 + PART 2) A\$.....</b>
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**PAYMENT OPTIONS:**

Cheque/Money Order/Credit Card. Please make Cheques payable to: **AUUG Inc.**

Credit Card Payments:  Bankcard  Mastercard  Visa

Card Number: ..... Expires:.....

Name on card: ..... Signature: .....

Cardholders Contact Phone Number:.....

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:

AUUG Inc, PO Box 7071, Baulkham Hills BC NSW 2153 Tel: 1-800-625 655 or (02) 8824 9511, Fax: (02) 8824 9522, E-mail: [auug2005@auug.org.au](mailto:auug2005@auug.org.au)

Programme updates and Birds Of a Feather (BOF) sessions will be posted on: <http://www.auug.org.au/events/2005/auug2005/>