



## REGISTRATION FORM

**PLEASE PRINT OR TYPE AND COMPLETE ALL RELEVANT SECTIONS**  
**If more than one delegate, please photocopy the blank form and complete**

Return with payment as soon as possible to:

**Horticulture Policy Summit, C/- Conference Solutions, PO Box 238, Deakin West ACT 2600**

Tel: (02) 6285 3000 Fax: (02) 6285 3001 email: [hac@con-sol.com](mailto:hac@con-sol.com)

**OR YOU CAN REGISTER ONLINE AT [www.hac.org.au](http://www.hac.org.au)**

### Summit Registration

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_  
 Mr/Mrs/Ms/Other

Position \_\_\_\_\_

Organisation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Country \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Will only be used in an emergency

Special Requirements (such as food allergies) \_\_\_\_\_

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Preferred name for name badge

### HAC member registration (including member of member)

- |   |       |
|---|-------|
| <input type="checkbox"/> Summit and AGM only – nominee 1                                    | \$100 |
| <input type="checkbox"/> Summit and AGM only – nominee 2                                    | \$100 |
| <input type="checkbox"/> Summit and AGM only – 3 <sup>rd</sup> & each subsequent nominees   | \$50  |
| <input type="checkbox"/> Summit/AGM and dinner – nominee 1                                  | \$220 |
| <input type="checkbox"/> Summit/AGM and dinner – nominee 2                                  | \$220 |
| <input type="checkbox"/> Summit/AGM and dinner – 3 <sup>rd</sup> & each subsequent nominees | \$170 |
| <input type="checkbox"/> Dinner only – all member nominees                                  | \$120 |

### Non member registration

- |  |       |
|--|-------|
| <input type="checkbox"/> Summit only       | \$250 |
| <input type="checkbox"/> Summit and dinner | \$425 |
| <input type="checkbox"/> Dinner only       | \$175 |

**Total Payment \$ \_\_\_\_\_**

### Payment

My cheque is attached made payable to 'Conference Solutions – HAC Summit'

OR  Registration faxed through, cheque to follow

OR  Please debit my credit card:  Mastercard  Visa  Amex

Credit Card No 

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Name on Card \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

Please note that debits to your credit card will appear as 'Matalexam and/or Conference Solutions' on your statement. Invoices and receipts are issued in the name of the registered delegate unless otherwise requested.

### Privacy Act

Australia's Privacy Legislation provides that, before your name and organisation details can be published in the list of Summit delegates for distribution to fellow delegates or any other party, you must give your consent.

If you DO NOT wish to have your name and details included in the delegate list please tick here