



Conference Registration Form

All registration fees include 10% GST ABN: 88 895 471 810

(Ms/Mrs/Mr/Dr/Prof) Surname: _____

First name: _____ Partners name if attending: _____

Address: _____

City/Town: _____ State: _____ Postcode: _____

Tel: _____ Mobile: _____ Email: _____

CONFERENCE REGISTRATION FEES – Please tick the appropriate boxes

NOTE: Registration fee includes morning teas, afternoon teas, lunches and conference papers.

Early Registration fee if paid by 21 May \$180.00 (or one day fee \$90.00 Thur Fri) \$ _____

Registration fee if paid after 21 May \$220.00 (or one day fee \$110 Thur Fri) \$ _____

Partners lunches – \$30 per day Thur Fri \$ _____

Membership fees – 1-100hives \$82 101-500 hives \$220 501-1000 hives \$350 1000+ hives \$480 \$ _____

Annual Dinner – Adult \$75 Child \$20 Number attending Adult _____ Child _____ \$ _____

Dietary Requirements - Please indicate if you have any special meal requirements. YES / NO

Donation to Resources Committee \$ _____

Other payments – please specify \$ _____

TOTAL \$ _____

HOSPITALITY EVENING

Please indicate if you will be attending the hospitality evening Wednesday May 30 7.00pm YES / NO

Number of guests attending: _____

Please indicate if you are interested in completing the *Biosecurity for Beekeepers* course YES / NO

PAYMENT DETAILS (Online registration & payment at www.vicbeekeepers.com.au is the preferred option)

Other payment methods - Please tick appropriate box

Cheque enclosed: Cheques to be made payable to: Victorian Apiarists' Association Inc

Direct payment: Bendigo Bank BSB 633-000 Account No. 120404595 Use your surname as the reference

Payment by credit card:

Card number: _____ Expiry Date: ____ / ____

Card holder's name _____ Signature _____

Please send registration form by mail or email with payment to: PO Box 40 California Gully Vic 3556

Further information: Phone: 5446 1455 Email: vaa@vicbeekeepers.com.au Web: www.vicbeekeepers.com.au