



**“Shining the Light
On Albinism”
Brisbane 2009 AFA
Conference**

**Conference Registration Form
12th – 13th September 2009
Chifley at Lennons Hotel – Brisbane City**

Date	AFA Member?			Yes	No
Name					
Email					
Address					
Home Phone					
Mobile Phone					
Attending	Sat	Sun	Both		
Morning & afternoon tea as well as lunch are provided. Do you have any Dietary Needs? No Yes Details?					
A crèche will be provided for children 1 – 12. Will you need this service? Yes No					
A parent's area will be available. Will you have a baby in arms? Yes No					
Would you like to become more involved in AFA projects and committees? Name -					
Do you have any special skills you would like to offer? Please describe:					

Registration Details

For non members – One annual membership with newsletters in pdf form is included for each conference registration.

Please note – If there is more than one person attending the conference, it may be more economical to take out a family membership. Forms are available at: www.albinismaustralia.org

Please indicate number of people next to each category.

	Member	Number attending	Non-Member	Number attending
Adult	\$160		\$190	
Child / youth*	\$95		\$100	
Unwaged**	\$110		\$120	

* A child / youth is a person 1-12 years old.

** Unwaged – you have no income other than Centrelink benefits.

TOTAL REGISTRATION	\$
DONATION ☺	\$
TOTAL PAYABLE	\$

Payment options

Direct deposit

St George Bank, BSB 112879 Account number: 128217786

Account Name: Albinism Fellowship of Australia

Please leave your surname as reference for validation

Email your form to **conference@albinismaustralia.org**

Have you paid? yes no Transaction ID used.....

Post Australian cheque or money order to “Albinism Fellowship of Australia”, and post with completed forms to:

PO Box 5281, Erina Fair, NSW, 2250, Australia

Paypal Overseas only. Please email

albinismnsw@optusnet.com.au for instructions, and to confirm the total amount payable, including Paypal fees.

Conference Attendees

Please include all conference attendees in details. (Including children and babes in arms).

First Name	Last Name	Age (if under 18)	Crèche Needed? 1-12yo	Are you: a. Person with Albinism b. Family member c. Professional?

PHOTO & VIDEO RELEASE

AFA must have a signed photo/video release authorisation for each conference registration, as we do intend taking videos of the conference proceedings and attendees; these photos may be used for the AFA newsletter, website, promotional and educational material etc. Please note, if a child's image is used, it will never be with any identifiers. (eg first name only, no surname, no home location, etc).

I hereby understand that my/our likeness may be photographed, videotaped or digitally recorded, as may my/our voice/s during the AFA 2009 conference, and I hereby waive any objection, condition, limit, or right I/we may have to same.

I hereby authorize AFA to use any such photograph, videotape or other recording of myself or those mentioned on this form for any purpose which benefits the AFA, and to license other relevant people/organizations to use it.

I/we hereby indemnify and hold AFA harmless for any such use or licensed use, and for any unlicensed use also.

Print Name	Sign Name	Date

If you prefer not to allow permission for yourself and / or your child, please mention it here. We will endeavor to keep those named below out of direct scope of any recording, but may inadvertently include likenesses in group, audience or crowd recordings.

I do not allow images of those named underneath to be used in any way for publicity, promotional or educational resources

Print Name	Sign Name	Date