



WORLD DREAMING

6TH WORLD CONGRESS FOR PSYCHOTHERAPY 2011

SYDNEY CONVENTION & EXHIBITION CENTRE 24 – 28 August 2011

IMPORTANT REGISTRATION INFORMATION

- Online Registration is preferred. Please visit our secure website www.wcp2011.org to register and book your accommodation in 'real time'.
- Faxed registration forms will only be processed if credit card details are included on the form.
- Registration forms sent by post must be accompanied with full payment in order for your registration to be processed and confirmed.
- If you are paying by cheque please complete the form and mail immediately with cheque payable to **arinex** on behalf of WCP 2011 Congress. Cheques will not be accepted after 14 June 2011. After this date, all registrations and accommodation bookings must be submitted online with credit card details at www.wcp2011.org, or by sending an email to wcp2011@arinex.com.au or by calling +61 2 9265 0700.
- All cheque payments incur an additional A\$10.00 processing fee.
- All prices are quoted in Australian Dollars (AUD) and include 10% Goods and Services Tax (GST).
- Please refer to the Congress website for full terms and conditions.
- Please print clearly and keep a photocopy of this form for your records or register online at www.wcp2011.org. The information submitted will be reproduced in the delegate list at the Congress and be used for all mailings. Please ensure the information you complete is correct.

Forward this form and payment by post to:

WCP 2011 Congress Managers
 GPO Box 128
 SYDNEY NSW 2001
 AUSTRALIA

INVOICE ABN: 28 000 386 676

A. DELEGATE

DELEGATE		
TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> A/Prof <input type="checkbox"/> Prof <input type="checkbox"/> Other _____ (please tick)	
FAMILY NAME		
GIVEN NAME		
ORGANISATION/ASSOCIATION		
POSITION		
STREET ADDRESS		
CITY/SUBURB	STATE	POSTCODE/ZIP
COUNTRY		
TELEPHONE		
MOBILE PHONE		
FAX		
EMAIL		
PREFERRED NAME ON NAME BADGE		

B. REGISTRATION FEES

	EARLY BIRD	STANDARD
Category	Before 18/05/2011	After 18/05/2011
Category A	\$850	\$1000
Category B	\$650	\$800
Student	\$575	\$675

* A list of Category A countries is available on the Congress website at www.wcp2011.org

** A list of Category B countries is available on the Congress website at www.wcp2011.org

*** Student registration is available for full time students only. A copy of Student Identification must be faxed or emailed to the Congress Managers to secure this rate.

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form.

If student registration:

I have included copy of my student identification card

B. Sub-Total Registration Fee: A\$ _____

C. ACCOMMODATION

A minimum 1 night's deposit must be paid or credit card details provided at time of booking to guarantee accommodation booking. Bookings made on or after 21 June 2011 must be secured with credit card details.

Prices are correct at time of publication but may fluctuate due to changes in government charges, taxes or levies. To check all current room rates and booking terms and conditions visit the conference website www.wcp2011.org

Please note that room types are subject to availability.

Hotel and Deposit Requirements

STAR RATING	HOTEL	ROOM TYPE	ROOM ONLY RATE per room per night	ROOM & BREAKFAST RATE per room per night	NUMBER OF NIGHTS REQUIRED	DEPOSIT
OFFICIAL HOTEL						
4.5	Novotel Sydney on Darling Harbour	Pyrmont View Room Single <input type="checkbox"/>	\$279.00	\$299.00		
		Pyrmont View Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	\$279.00	\$319.00		
		Harbour View Room Single <input type="checkbox"/>	\$299.00	\$319.00		
		Harbour View Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	\$299.00	\$339.00		



C. ACCOMMODATION CONTINUED

OTHER LISTED HOTELS						
4	Oaks Goldsbrough Apartments Darling Harbour	Studio Room <input type="checkbox"/>	\$185.00	N/A		
		One Bedroom Apartment <input type="checkbox"/>	\$209.00	N/A		
		Two Bedroom Apartment <input type="checkbox"/>	\$346.00	N/A		
3.5	Hotel Ibis Darling Harbour	Pyrmont View Room Single <input type="checkbox"/>	\$189.00	\$204.00		
		Pyrmont View Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	\$189.00	\$219.00		
		Harbour View Room Single <input type="checkbox"/>	\$209.00	\$224.00		
		Harbour View Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	\$209.00	\$239.00		
3.5	Metro Central Sydney Hotel (rates include a daily Light Rail pass)	Standard Room Single <input type="checkbox"/>	\$165.00	\$185.00		
		Standard Room Double <input type="checkbox"/> Twin <input type="checkbox"/>	\$170.00	\$210.00		

Please indicate below whether you wish to pay for your entire stay:

Yes, I wish to pay for my entire stay now

No, I only wish to pay the one night's deposit now

If your first preference of hotel, as indicated above, is not available, the Congress Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference _____

I do not require the Congress Managers to book accommodation for me. I have made my own arrangements. I will be staying:

_____ (name of hotel)

With friends or family

Important – Please complete this section

Arrival/Check-in Date _____ Estimated Time of Arrival _____

Departure/Check-out Date _____ Estimated Time of Departure _____

I wish to guarantee early check-in by pre-booking and paying for the previous night on _____/_____/_____

I will be sharing this room with _____

Special Requirements e.g. smoking/ non smoking room (subject to availability) _____

C. Sub-Total Accommodation: A\$ _____

D. SOCIAL PROGRAM

Included Social Events

The following event is included in the registration fee for delegates and accompanying persons. If you require additional tickets please complete this section:

EVENT	COST PER TICKET	NUMBER OF TICKETS REQUIRED	TOTAL COST
Welcome Reception and Opening Ceremony	\$65.00		

Optional Social Events

The following events are optional and **not** included in the registration fee for delegates and accompanying persons. If you require tickets for these events please complete this section

EVENT	COST PER TICKET	NUMBER OF TICKETS REQUIRED	TOTAL COST
Congress Dinner	\$135.00		

D. Sub-Total Additional/Optional Social Tickets: A\$ _____

E. OPTIONAL TOURS PROGRAM

The following tours are optional and **not** included in the registration fee for delegates and accompanying persons. If you require tickets for these tours please complete this section:

NAME OF TOUR	COST PER TICKET	NUMBER OF TICKETS REQUIRED	TOTAL COST
Aboriginal Heritage Tour	A\$110.00		
Art Gallery Tour	A\$130.00		
Dank Street Gallery Evening Tour	A\$99.00		

E. Sub-Total Optional Tours Tickets: A\$ _____

F. SPECIAL NEEDS/DIETARY REQUIREMENTS

If you have any special needs please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

G. PRIVACY

YES – I consent to receiving information from **arinex** or other organisations on related products or services from time to time.

No, I do not consent

YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Congress which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Congress.

No, please do not include my details in the Delegate List.

H. PAYMENT AND CONDITIONS

SECTION B	Registration Fee	A\$
SECTION C	Accommodation	A\$
SECTION D	Social Program	A\$
SECTION E	Tours Program	A\$

NOTE: Registrations will not be processed or confirmed until payment in full is received.

TOTAL FEES ENCLOSED: A\$ _____

By completing this registration form, I have read and agree to all the conditions, i.e. cancellation, refunds and entitlements outlined on the WCP 2011 Congress website and in this registration document.

Please find enclosed cheque/money order payable to "**arinex** Pty Ltd for WCP Congress 2011"

OR

Please charge the total amount above to the following credit card

MasterCard Visa Card Diners American Express

Please note all transactions by credit card will appear on your statement as payment to: Congress by **arinex** Pty Ltd

Credit card number: ____/____/____/____/ ____/____/____/____/ ____/____/____/____/ ____/____/____/____/

Expiry Date: ____/____/____ Name on card: _____

Billing Address: _____

Signature _____ Date ____/____/____

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.

