

REGISTRATION FORM



CME 2010 SAFETY & HEALTH CONFERENCE

29 & 30 March 2010

Hyatt Regency Perth

Please print clearly and return completed form with payment to:

Conference Secretariat

EECW Pty Ltd

PO Box 749

Wembley Western Australia 6913

Tel: +61 8 9389 1488

Fax: +61 8 9389 1499

Email: info@eecw.com.au

For Office Use Only

Ref No: _____

Date Received: _____

C/C Approval: _____

Completed by: _____

Date: _____

Privacy Statement: In registering for this event, relevant details (name and organisation only) may be incorporated into a delegate list for the benefit of all delegates, the Chamber of Minerals and Energy Western Australia and EECW Pty Ltd.

If you do not wish to have your name and organisation provided to the above mentioned parties or for future promotion, please tick this box

THIS REGISTRATION FORM IS A TAX INVOICE ABN 82 738 249 529

A. DELEGATE INFORMATION

Surname: _____ Title: _____ First Name: _____

Organisation: _____ Mine Site: _____

Position: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: () _____ Fax: () _____

Mobile: _____ Email: _____

Name as you wish it to appear on your name badge: _____

Special Requirements (dietary or otherwise): _____

B. REGISTRATION FEES

REGISTRATION TYPE	EARLY BIRD FEE CLOSES 14/2/2010	REGULAR FEE FROM 15/2/2010
CME Member Fee	<input type="checkbox"/> \$902.00 (\$820.00 + \$82.00 GST)	<input type="checkbox"/> \$1012.00 (\$920.00 + \$92.00 GST)
Non CME Member Fee	<input type="checkbox"/> \$1012.00 (\$920.00 + \$92.00 GST)	<input type="checkbox"/> \$1122.00 (\$1020.00 + \$102.00 GST)
SECTION B SUB TOTAL \$ _____		

C. CONFERENCE & INNOVATION AWARDS DINNER

Monday 29 March 2010, Grand Ballroom, Hyatt Regency Perth
1830 - 2300

The conference dinner is inclusive of delegate registration fees. **However** for catering purposes it is required that your attendance be indicated below. Failure to indicate (✓) will be registered as non-attendance.

TICKET	COST PER PERSON INCL GST	ATTENDANCE / NO. OF TICKETS	TOTAL COST	NAMES OF INNOVATION AWARD FINALIST & GUESTS (TABLE OF 10)
Delegate Ticket inclusive of Registration	Nil	Yes/No	Nil	1.
				2.
Additional Dinner Tickets CME Member	\$132			3.
				4.
Additional Dinner Tickets Non CME Member	\$154			5.
				6.
Additional Tables for Innovation Award Finalist's Guests (table of 10 only - Innovation Award finalist plus nine guests)	\$1100 per table	10	\$1100	7.
				8.
				9.
				10.
SUB TOTAL SECTION C \$ _____				

D. CONCURRENT SESSION NOMINATION

Monday 29 March 2010

Please select **two** of the three concurrent sessions you wish to attend

- A - Safely in Design - How Do You Do It?
- B - Managing Risky Fibres
- C - While You Were Sleeping - the Legal Ramifications of Fatigue Issues and Fly-in / Fly-out Workforces

Tuesday 30 March 2010

Please select **two** of the three concurrent sessions you wish to attend

- A - Change - A Threat or an Opportunity?
- B - The Woodside Health & Safety Competency Framework One Year On
- C - Mindful or Mindless

E. PAYMENT SUMMARY

Payment is required at time of registration.

SECTION B \$ _____ **SECTION C \$** _____ **TOTAL \$** _____

Option A: PLEASE CHARGE MY CREDIT CARD *Your credit card statement will show 'EECW Pty Ltd' as the merchant for this transaction.* (Please (✓) appropriate box)

Please debit my: VISA MasterCard Amex Amount \$AUD _____

Cardholder's Name: _____ Cardholder's Signature: _____

Card Number: _____ Expiry Date: _____ / _____

Option B: ENCLOSE A CHEQUE OR BANK DRAFT

Please make cheques payable to: The Chamber of Minerals & Energy of Western Australia Inc.

Overseas Delegates: If paying by cheque please pay by Bank Draft in Australian Dollars

Option C: PURCHASE ORDER

PO Number _____

Contact: _____ Contact Email: _____

CANCELLATION POLICY

I understand and accept the conditions of the cancellation policy (see Delegate Information).

Signature: _____ Date: _____ / _____ / _____