

Registration Form and Tax Invoice

All prices listed are in Australian dollars (\$ AUD) and are GST inclusive.

SECTION A: DELEGATE DETAILS

Male Female TITLE: Mr Ms Mrs Miss Dr Prof Other

FIRST NAME: _____

LAST NAME: _____

POSITION: _____

ORGANISATION: _____

POSTAL ADDRESS: _____

SUBURB/TOWN: _____

STATE: _____ POSTCODE: _____ COUNTRY: _____

WORK PHONE: _____ HOME PHONE: _____

MOBILE: _____ FAX: _____

EMAIL ADDRESS: _____

APS MEMBERSHIP NUMBER (If applicable): _____

Please indicate your Membership category (if applicable, please tick)

- Honorary Fellow Fellow Member Associate Member
 International Affiliate Professional Affiliate Teacher Affiliate
 Affiliate Student Subscriber

SECTION B: ADDITIONAL INFORMATION

Please indicate your dietary preference below. We will endeavour to cater to your needs however this may not be possible in all case and *may incur an additional charge.

SPECIAL DIETARY REQUIREMENTS (DELEGATE): (Please tick)

- Gluten Free Halal* Kosher* Vegetarian Vegan
 Seafood or shellfish allergy Allergy to nuts Lactose intolerant

OTHER: PLEASE SPECIFY _____

SPECIAL ACCESS REQUIREMENTS: (e.g. wheelchair access, vision impaired)

In an emergency situation, please indicate if you have any allergies or medical conditions you would like us to know about and an emergency contact name and telephone number.

Contact Name: _____ Telephone: _____

PLEASE INDICATE IF YOU ARE PRIMARILY A: (Please tick)

- Practitioner Academic Researcher Student
 Clinician between practitioner and academic Other (please specify) _____

PLEASE INDICATE HOW YOU HEARD ABOUT THIS CONFERENCE: (Please tick)

- APS Website InPsych Previous Counselling Psychology Conference
 Word of Mouth E-Blast Postcard
 Other _____

SECTION C: REGISTRATION

Full Conference Registration

Registration includes: Morning/afternoon tea and lunch, Welcome Reception and attendance to all sessions (excluding the pre /post Conference workshops).

Full Conference Registration \$ 660.00

Day Registration (Friday or Saturday only)

Day registration includes: Morning/afternoon tea and lunch, and attendance to all sessions on day(s) registered.

Day Conference Registration \$ 375.00 per day

Student Day Conference Registration \$ 100.00 per day

Please select the individual day(s) you wish to register for:

Friday, 27 February 2015

Saturday, 28 February 2015

TOTAL SECTION C: \$ _____

SECTION D: WORKSHOPS

WORKSHOP PROGRAM

Half day pre and post conference workshops will be held at the Pullman Hotel Albert Park. Cost is per workshop and times are as indicated. For delegates attending pre conference workshops afternoon tea is provided. For delegates attending post conference workshops morning tea or afternoon tea is provided.

Pre Conference Workshops, Thursday 26 February 2015

Time: 2pm – 5.30pm

Workshop 1

Secrets, lies, hypocrisy and betrayals: Another day at the office of the couples therapist
Presented by Elisabeth Shaw MAPS

Workshop 2

Counselling lesbian, gay, bisexual and transgender persons
Presented by Professor Y. Barry Chung

Workshop 3

Practical ways of working with trauma using Emotion-Focused Therapy (EFT)
Presented by Dr Melissa Harte MAPS

Post Conference Workshops, Sunday 1 March 2015

Workshop 4 (9am – 12.30pm)

Brief psychodynamic therapy
Presented by Professor Jeremy Holmes

Workshop 5 (1.30pm – 5pm)

Transference: *A practical/theoretical model*
Presented by Professor Jeremy Holmes

Workshop Fees

Please select the appropriate workshop rate:

- Workshop Registration \$ 150.00 per workshop
- Student Workshop Rate \$100.00 per workshop

TOTAL SECTION D: \$ _____

SECTION E: SOCIAL PROGRAM

Welcome Reception (Pullman Hotel Albert Park)

Thursday 26 February 2015

5.45pm – 8.00pm

The Welcome Reception is complimentary for all conference delegates and a terrific opportunity to catch up with new and existing colleagues. You may also purchase additional tickets for guests (please tick):

- Yes, I will be attending (Conference Delegate)**
- No, I will not be attending**

I wish to purchase _____ additional tickets at \$60 per ticket

TOTAL SECTION E: \$ _____

SECTION F: PAYMENT

(All prices quoted include 10% GST)

ABN 23 000 543 788

SECTION C: \$AUD _____

SECTION D: \$AUD _____

SECTION E: \$AUD _____

TOTAL PAYMENT: \$AUD _____

CHEQUE ENCLOSED

Made payable to The Australian Psychological Society Limited, for the amount of \$ _____

OR

Credit card details: *Please tick appropriate box*

APS AMEX AMEX VISA MASTERCARD

CARD NUMBER: _____

EXPIRY DATE: _____ / _____ CVV NUMBER: _____

CARDHOLDER NAME: _____

CARDHOLDER'S SIGNATURE: _____

International Credit Cards

If you are an international delegate and use a credit card for payment, we have the right to ask for a scanned copy of your credit card for proof of authenticity. If a card is not provided or the scan is not considered sufficient the transaction will be reversed and another form of payment will be offered to you.

Insurance

Please note: Registration fees do not include insurance of any kind. It is strongly recommended that at the time you register for the Conference and book your travel you take out an insurance policy of your choice. The policy should include loss of fees/deposit through cancellation of your participation in the Conference, or through cancellation of the Conference, loss of international/domestic air fares through cancellation for any reason, loss of tour monies through cancellation for any reason including airline or related services strikes within Australia, failure to utilise tours or pre booked arrangements due to airline delay, Force Majeure or any other reason, medical expenses (including sickness and accident cover), loss or damage to personal property, additional expenses and repatriation should travel arrangements have to be altered. The Conference Managers cannot take any responsibility for any participant failing to arrange their own insurance. This insurance is to be purchased in your country of origin.