

Australian Society of Indonesian Language Educators (ASILE) 2009 Conference

Maju bersama –
Working together to build Australia's Indonesian language potential
14-15 July 2009, St Catherine's School, Waverley, NSW

CONFERENCE REGISTRATION

Contact Details

Last Name _____

First Name _____

Title (Mr, Mrs etc) _____

School/Organisation _____

Role in School/Organisation _____

Address _____

Suburb/City _____

State _____

Postcode _____

Country _____

Contact Number _____

Email Address _____

Conference Dinner

The Consul-General will be hosting the conference dinner on Tuesday 14 July at the Consulate, 236 Maroubra Road, Maroubra. The evening will include dinner and entertainment and cost is included the registration fee. For catering purposes, please indicate below if you will be attending the conference dinner.

I **WILL** be attending the Conference dinner on Tuesday 14 July

I **WILL NOT** be attending the Conference dinner on Tuesday 14 July

DIETARY REQUIREMENTS

Conference registration **includes** lunch and refreshment breaks for the duration of the conference and the conference dinner. Please indicate below any special dietary requirements (e.g. *halal*, vegetarian, etc)

PAYMENTS - CHEQUE OR CREDIT CARD

Early Bird conference registration (\$200) closes on ~~Friday 27th March 2009~~.
EARLY BIRD RATE EXTENDED UNTIL THURSDAY 30 APRIL!

Normal conference registration (\$220) closes on **Friday 26th June 2009**.

A completed registration form together with full payment should be forwarded to:

Lyndall Franks/Ida Harsojo, Indonesian Consultants
Curriculum K-12 Directorate
3a Smalls Road, Ryde, NSW 2112

Please make cheques payable to the **MLTA of NSW Inc.**

Alternatively you may pay using a credit card. *Mastercard*, *Visa* and *Bankcard* are accepted. Please indicate your method of payment and complete the details below.

Cheque (please attach to form)

Credit card

Please use the details below to debit my credit card

Name on Credit Card _____

Credit Card Type _____

Credit Card Number _____

Credit Card Expiry Date _____

Amount _____

Signature _____