



National Wildlife Rehabilitation CONFERENCE 2006



Registration Form

First Name: _____
 Family Name: _____
 Organisation: _____
 Address: _____
 Phone/Mobile: _____
 Email: _____

	<u>By 30th June</u>	<u>By 11th August</u>		
Full Registration:	[] \$230	[] \$260		
Single Day Registration:	[] \$80	[] \$90		
Please indicate day:	[] Mon	[] Tues	[] Wed	[] Thurs
Pre-conference Drinks, Movie, BBQ		[] \$10		
Partner		[] \$10		
Conference Dinner	[] \$35	[] \$40		
Partner	[] \$35	[] \$40		
Dietary / Special Requirements				

Method of Payment

[] Cheque/Money Order [] Credit Card*

Please circle: Visa / MasterCard / Bankcard

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Exp: ___/___ Signature: _____

Total: _____

*Payment by Credit Card will incur a \$5 fee

Please send completed registration form with Cheque/Money Order made out to "Wildcare Inc – National Wildlife Rehabilitation Conference" to:

**National Wildlife
 Rehabilitation Conference 2006
 P.O. Box 464
 PALMERSTON
 NT 0831**