

Suite 105, 134-136 Cambridge St, Collingwood Vic 3066 | 03 9417 3422 | www.htav.asn.au | ABN 44 005 739 239

To register for this event, please complete and return this form to the HTAV via fax or email to m.karantzas@htav.asn.au. By submitting this form, you confirm to have read, understood and accepted the Trading Terms & Conditions as shown on the HTAV website. All prices include GST. This form becomes a tax invoice when full payment is made.

ATTENDEE DETAILS

Name Today's Date

School/Institution

Billing Address

Suburb Postcode Phone

Address provided above is (please select one) Home School/Institution

Email

Note: Registrations without an email address cannot be processed.

EVENT DETAILS

Name: **HTAV 2024 Regional Summit – Beechworth**

Registration Ends: **Thursday 18 April 2024**

Date: **Saturday 27 – Sunday 28 April 2024**

Venue: **Beechworth**

WORKSHOP SELECTIONS

Please indicate the workshops you wish to attend. Use workshop numbers (see Workshop details on the HTAV website or the program) to indicate your choices.

	Saturday	Sunday (optional)
Session 1		
Session 2		
Session 3		-

	Tick	Guests (full name/s)
I wish to attend the Pre-Dinner Drinks		
I wish to attend the Summit Dinner		
I wish to attend the Mayday Hills Asylum Ghost Tour		
I wish to attend the Breakfast (at own cost)		
I wish to attend the Cultural Day on Sunday		

FEES AND CATEGORIES

Morning tea and lunch included.

	Fees	Discount
Non-HTAV member	\$499	
HTAV Individual member	\$230	50% off
HTAV Institutional member	\$299	35% off

PRESENTERS ATTEND FREE OF CHARGE

PAYMENT DETAILS

Total amount payable \$

Please note: Presenters attend the conference free of charge on the day they are presenting.

Method of payment: **Invoice company/organisation**

Purchase order #

OR

Alternatively, we can issue an invoice for EFT transfer and, once payment has been confirmed, your registration is complete. Please allow 3 business days for processing.

EFT Transfer

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