

ESCEF CONFERENCE October 5, 6 and 7 2002
Divine Alchemy: Spiritual Practice and Study in the Modern Age

REGISTRATION FORM

Name: (please print clearly) _____

Occupation: _____ Group/Organisation: (if applicable) _____

Address: (street) _____ (city/suburb) _____

(state/country) _____ (postcode) _____ (email) _____

Telephone: ah () _____ wk () _____ Fax () _____

*I wish to register for the ESCEF Conference **Divine Alchemy:***

- ___ Early Bird Registration (*before August 31*) \$319.00/ Concession or Group* \$264.00 \$ _____
- ___ Full Registration \$352.00 / Concession or Group* \$297.00 \$ _____
- ___ Early Bird Day Registration Sat/ Sun (*please circle*) \$132.00 / Concession or Group* \$119.00 \$ _____
- Monday \$110.00 / Concession or Group* \$99.00 \$ _____
- ___ Day Registration Sat/ Sun (*please circle*) \$143.00 / Concession or Group* \$132.00 \$ _____
- Monday \$121.00 / Concession or Group* \$110.00 \$ _____

and enclose:

- ___ Deposit \$110.00 (*per person non-refundable*) or \$ _____
- ___ Full payment of Registration as indicated above \$ _____

Total amount enclosed by Cheque (made payable to ESCEF) or Credit Card (details below) \$ _____

___ Balance payable is \$ _____

Please note that Conference Registration includes all meals (morning and afternoon tea, lunch and dinner on Saturday and Sunday) and **includes GST** (ABN 63 017 602 871). **Concessions** apply to **full time students, pensioners and low income earners** (please quote your ID number and be prepared to show your card at the Registration Desk). ***Groups** of 3 or more registering and paying together are also eligible for the discounted Conference Registration. Early bird discounts apply to payment in full **before** August 31 2002. All amounts in Australian Dollars.

For those registering as a group, please complete a separate registration form for each delegate.

Names in Group: 1. _____ 2. _____
 3. _____ 4. _____

Concession ID: _____

Please charge Conference Registration to my credit card ___ Visa ___ MasterCard ___ Bankcard

Card No. ___ / ___ / ___ / ___ Expiry Date ___ / ___

Name on Card _____ Cardholder Signature _____

Office Use Only:

Date Rec'd / /	Amt Rec'd \$ _____	Deposit/Full Rec No _____	Letter sent / /	D/B _____
Date Rec'd / /	Amt Rec'd \$ _____	Balance/Full Rec No _____	Letter sent / /	D/B _____