



**HRIA 15<sup>TH</sup> NATIONAL CONFERENCE 2023 - GLEN WAVERLEY, VICTORIA**  
**REGISTRATION FORM**

Preferred Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Email: \_\_\_\_\_

HRIA Region: \_\_\_\_\_

Preferred name for delegate badge: \_\_\_\_\_

Non-delegate partner name badge: \_\_\_\_\_

**Registration:** Please tick the appropriate boxes left of the activity.

<input type="checkbox"/>	Registration Early Bird Closing date 31 <sup>st</sup> May 2023	\$450	<input type="checkbox"/>
<input type="checkbox"/>	Registration Standard Closing date 30 <sup>th</sup> September 2023	\$475	<input type="checkbox"/>
<input type="checkbox"/>	Saturday evening Gala Dinner (Delegates)	\$110	<input type="checkbox"/>
<input type="checkbox"/>	Saturday evening Gala Dinner (Non-delegates)	\$110	<input type="checkbox"/>
<input type="checkbox"/>	Bus from Melbourne Tullamarine Airport to Novotel Glen Waverley	\$ 40	<input type="checkbox"/>
<input type="checkbox"/>	Bus from Bulla to Melbourne Tullamarine Airport	\$ 20	<input type="checkbox"/>
<input type="checkbox"/>	Post Conference Tour (Tuesday 31 <sup>st</sup> October to Wednesday 1 <sup>st</sup> November)	\$200	<input type="checkbox"/>
<input type="checkbox"/>	Post Conference Tour Bus from Glen Waverley Novotel to Tullamarine Airport	\$ 40	<input type="checkbox"/>

**TOTAL**

**PLEASE PROVIDE ANY FOOD ALLERGIES OR DIETARY REQUIREMENTS BELOW:**

\_\_\_\_\_  
**Please provide name of your accommodation in Glen Waverley, Melbourne below:**

**Do you have a Bus Buddy? Please print their name:** \_\_\_\_\_

**PLEASE NOTE: You MUST be an HRIA Member to attend the Conference and Only Conference Delegates are eligible to participate in the Garden Tours and Post Conference Tour.**

*Please see reverse* 



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**PAYMENT METHODS**

➤ **CREDIT CARD:**

**Credit Card Information**

Card Type: ☐ Visa ☐ Mastercard

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number:

Expiry date: / CVV

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

➤ **EFT:** Account Name: Heritage Roses in Australia Inc.

BSB No. 062 127

Account No. 10129372

Date Transferred //


**PLEASE** make sure you state your name (initial and surname) and postcode on the transfer.

➤ **CHEQUE:** Please make cheques payable to Heritage Roses in Australia Inc.

**IN CASE OF EMERGENCY PLEASE CONTACT:**

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

☎ Contact number: \_\_\_\_\_  Email: \_\_\_\_\_

**Please retain a copy for your records and *return the completed form to:***

Jill Collins

Conference Liaison

PO Box 3719

Mount Gambier S.A. 5290

Australia

OR Email: conference2023hria@gmail.com