## CONFERENCE REGISTRATION FORM

**INTERROGATING TRAUMA**  
*Arts & Media Responses to Collective Suffering*  
in association with Murdoch University and Curtin University

**International Conference**  
Perth, Western Australia  
2-4 December 2008  

**Keynote Speakers**  
Felicity Collins  
Susannah Radstone  
Suvendrini Perera  
Janet Walker

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### PERSONAL DETAILS – Please print

- **Ms**  
- **Mrs**  
- **Mr**  
- **Dr**  
- **Prof**  
- **Other**: ____________ (please tick)

Family name: ___________________  
Given name/s: _________________________________

Preferred name for name badge: _________________________________________________

Position:____________________________________________________________________

Department:_________________________________________________________________

Organisation / Association: _____________________________________________________

Postal Address:_______________________________________________________________

City / Suburb: ____________________________  State:_____________   Postcode: ______

Country: ___________________________________________

Tel:(__)___________________ Mobile: _____________________   Fax:(__)(____)______________

Email: ____________________________________________________________

**Accompanying person details:**

- **Ms**  
- **Mrs**  
- **Mr**  
- **Dr**  
- **Prof**  
- **Other**: ____________ (please tick)

Family name: ___________________  
Given name/s: _________________________________

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**TAX INVOICE**

Murdoch University  
ABN 61 616 369 313

*Please note: A form must be completed for each delegate*
Emergency contact details: (e.g. next of kin)

If you would like to provide us with the details of someone that we can contact in a case of emergency please fill in the information below.

Full name of contact person:
___________________________________________________________________________
Tel:(__)_______________ Mobile: _____________________ Work tel: _________________
Relationship to delegate: __________________________________________________

CONFERENCE REGISTRATION FEES – Please tick the appropriate box

Note: All rates are quoted in Australian Dollars (AU$).
All Registration fees include 10% GST (GST inclusive).
This registration form will act as a TAX INVOICE upon payment. Please retain a copy of this form for your records.

Link to foreign currency converter: http://www.xe.com/ucc/

<table>
<thead>
<tr>
<th>Type of registration</th>
<th>Early bird registration Deadline by 31 August</th>
<th>Standard registration Deadline by 31 October</th>
<th>Late registration Deadline after 31 October</th>
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<tbody>
<tr>
<td>Full registration</td>
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<td>☐ 400</td>
<td>☐ 500</td>
</tr>
<tr>
<td>Concession registration:</td>
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<td></td>
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</tr>
<tr>
<td>Student*</td>
<td>☐ 200</td>
<td>☐ 300</td>
<td>☐ 400</td>
</tr>
<tr>
<td>Retiree*</td>
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<td>Other *</td>
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<td>Refunds</td>
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<td>50%</td>
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<td>Accompanying person</td>
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<td>As above</td>
<td>As above</td>
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<tr>
<td>Attendance only</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Concession</td>
<td>Student &amp; retiree (proof required)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* A copy of student or retiree identification, or other relevant documentation, must be forwarded with the registration form to ensure eligibility for this rate.

A student is defined as a holder of student identification card from a recognised tertiary or secondary educational institution or international student card.

‘Other’ refers to other cases of justifiable and demonstrable concession, such as unemployed, low income, or employed in developing countries.

** If registering as a SINGLE DAY DELEGATE ONLY indicate the day/days you are registering for below.

The conference will be financially reliant on delegate registration moneys, so we would like to encourage delegates to take advantage of the early bird registration rates.
PLEASE NOTE:

Early bird registrations must be received and paid by 31st August 2008. Any registrations at the early rate which have not been paid by 31st August will automatically be converted to the standard registration rate.

Standard registrations must be received and paid by 31st October 2008.

On-site registration – late registration fee applies.

Cheque payments will only be accepted up until 31st October 2008. After this date, all registrations must be submitted by credit card or EFT.

Concession registration:

☐ I have included a copy of my student / retiree identification card, or other relevant documentation.

If registering as a **SINGLE DAY DELEGATE ONLY** please indicate the day / days that you are attending below:

- Tuesday 2nd December ☐
- Wednesday 3rd December ☐
- Thursday 4th December ☐

Entitlements

Entitlements for full & concession delegates:
conference satchel; morning tea & afternoon tea; lunch for all 3 days; attendance to all conference sessions, art exhibitions, performances, and film screenings.

Entitlements for day registrations:
conference satchel; morning & afternoon tea; lunch for 1 day; attendance to conference sessions, art exhibitions, performances, and film screenings occurring on the ONE day of the conference (as selected above).

ACCOMMODATION

We would like to encourage delegates to seek accommodation in Fremantle, Western Australia, a busy port and small cosmopolitan town south of the city of Perth. Most of the art and film activities that will be part of the conference will be located here. Murdoch and Curtin universities, where the conference will be held, are easily accessible by public transport from Fremantle.
### SPECIAL REQUIREMENTS

#### Special Assistance:
Please indicate if you have a special need or require assistance to be able to participate fully in the Conference. (e.g. wheelchair access, vision impaired).

Please state the special need or type of assistance required:

______________________________

#### Health Requirements:
Please state any health issues that we need to be made aware of:

______________________________

#### Dietary Requirements:
We may be able to provide for special meal requirements.  

Please specify if you have any:

______________________________

*Every attempt will be made to meet your requirements however this may not be possible in every case.*

#### Privacy:

*The Privacy Act 2001 provides that before your name and organisation details can be published in the list of conference delegates for distribution to fellow delegates or any other party, you must give your consent.*

If you do NOT wish to have your name and details included in the delegate list please tick here.

- [ ] I do not wish my name and contact details to be included in the Delegate List to be distributed to delegates at the conference.

#### Presentation details:

For those delegates presenting papers please let us know of any requirements that you have for the presentation.

**Audio visual requirements:**

- [ ] Computer projector
- [ ] VHS Video / DVD player and monitor
- [ ] Audio player / recorder
- [ ] CD player
- [ ] Overhead projector
- [ ] 35 mm slide projector
- [ ] Portable screen
- [ ] Other equipment – please specify

If you require the use of a computer and will not be bringing your own laptop, please provide details of any specific software that you will be using or the version of software, as well as any other details such as whether you use a MAC:

______________________________

______________________________
PAYMENT DETAILS (Payment of registration fees MUST accompany this form)

Payment Method - Please tick appropriate box

☐ Enclosed is my cheque/money order.
Cheques must be in Australian Dollars and made payable to: Murdoch University.
Your name and full address should be printed clearly on the back of the cheque.

☐ I am faxing my registration and a cheque will follow.

☐ I wish to pay by Electronic Funds Transfer (EFT).

Account name: Murdoch University
Account number: 8373 80279
BSB: 016 267
Bank: ANZ, Risely Street, Booragoon WA.
Narration: Trauma Conf, (your surname and initial)

Please note that if you are paying by EFT you must send an email confirming date of EFT, amount paid and narration of payment.

☐ I wish to pay $________ by credit card (please tick):

☐ MasterCard  ☐ Visa  ☐ Bankcard

Card number: ____________________________
Expiry Date: __/___

Cardholder’s name: ____________________________ (please print)
Signature_______________________________________

All payments must be received in Australian Dollars (AU$).
Please forward registration form with payment or payment details by mail, fax or email:

Mail: Interrogating Trauma Conference
c/- Silvia Rosenstreich
Conference Administrator
School of Media Communication & Culture
Murdoch University
Murdoch WESTERN AUSTRALIA 6150

Telephone: (+61) (0)8 9360 2346
Fax: (+61) (0)8 9360 6570
Email: s.rosenstreich@murdoch.edu.au
Web: http://wwwmcc.murdoch.edu.au/trauma

Registration Cancellation Policy
Cancellation of a registration must be notified in writing to Conference Administrator.
Cancellations prior to 31st October will receive a 50% refund of the registration fee. No refund will be given for cancellations made after 31st October 2008, however substitutions will be possible.

Agreement to terms and conditions:
I wish to register for the Interrogating Trauma Conference 2008 and acknowledge the registration terms including the cancellation policy.

Signature: ___________________________________________