



29th & 30th July 2020

AUSTRALASIAN ROADMARKING CONFERENCE / EXHIBITION & WORKSHOP



Delegate Registration

Principal Conference Sponsor



Opal Cove Resort
Coffs Harbour NSW

2020 RIAA AUSTRALASIAN ROADMARKING CONFERENCE / EXHIBITION AND WORKSHOP REGISTRATION FORM

PERSONAL DETAILS

NAME _____

COMPANY _____

POSITION _____

ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

PHONE _____ MOBILE _____

EMAIL _____

REGISTRATION FEES

2 DAY REGISTRATION FEES

Fees include 2 day registration to all sessions, breakfast, morning teas, lunches and afternoon teas. The Cocktail Function (Wednesday Night) is also included in this fee but **NOT** the Gala Dinner (Thursday night)

	Early Bird price to 01/06/2020	Price After 02/06/2020	No Required	Total \$AUD
RIAA/NZRF Members (Registration of first Delegate)	\$1,270.50	\$1,391.50		
RIAA/NZRF Members (Additional Delegates)	\$907.50	\$1,001.00		
Non Members (Registration of first Delegate)	\$1,754.50	\$1,633.50		
Non Members (Additional Delegates)	\$1,397.00	\$1,270.50		

1 DAY REGISTRATION FEES

Fees include 1 day registration to all sessions, breakfast, morning tea, lunch and afternoon tea on Wednesday **OR** Thursday. The Cocktail Function (Wednesday Night) and Gala Dinner (Thursday night) is **NOT** included

RIAA/NZRF Members Day Delegate	\$798.60		
Non Member Day Delegate	\$907.50		

FUNCTIONS

Cocktail Function (Wednesday Night) - Day Delegate or Accompanying Person	\$93.50		
Dinner/Show (Thursday Night)	\$214.50		

NAME BADGE DETAIL:

Delegate Name: _____

Accompanying Persons Name: _____

Additional Delegate Name: _____

Additional Delegate Name: _____

SPECIAL DIETARY REQUIREMENTS:

PRIVACY DISCLOSURE (Please Circle) I DO / DO NOT consent to my details being disclosed to exhibitors for Marketing Purposes

PAYMENT DETAILS:

- Please issue an invoice
- I have paid via EFT to the Roadmarking Industry Association of Australia Account. Transaction reference number:
Account Name: Roadmarking Industry Association of Australia BSB: 193-879 Account Number: 106302218
- I hereby Authorise the RIAA to charge my credit card in the amount of \$

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	_____
Expiry Date	___ / ___	CVV: _____
Cardholders Name:	Signature: _____	

Please send your registration form to **Roadmarking Industry Association of Australia**, PO Box 5070, Hallam, Vic, 3803 or email to: info@riaa.com.au or Fax to: 03 9939 1017