

IGNITE CONFERENCE 2010 : THE PORTAL

23-26 September 2010 at Mueller Performing Arts Centre, Rothwell

GROUP REGISTRATION FORM

Please use a new form for each person

GROUP LEADER: _____ GROUP: _____

PERSONAL DETAILS:

Title: _____ First Name: _____ Surname: _____

Email: _____

(NB. Most communication leading up to Ignite will be via email. If you do not have an email please write N/A)

Home Phone: _____ Mobile (of participant): * _____

Address: _____

Suburb/Town: _____ State: _____ P/code: _____

Gender: M F Date of Birth: / / Grade at school: (if applicable): _____

Emergency Contact (Name & Phone): _____

Allergies/Medical Conditions: _____ Dietary Requirements: _____

Is this your first Ignite? Y N Children in crèche? (Names & Ages) _____

STREAM: *Stream descriptions available at www.igniteconference.com.au*

Adult Streams (Gr 11+): The Beat The Source The Map The Vibe The Feet

Age-specific Streams: Blaze (high school to Gr 10) Ignite Kids (prep - primary school)

PAYMENT:

| Please circle applicable cost | STUDENT | | ADULT | | Ignite Kids |
|-----------------------------------|---------|--------|-------|--------|-------------|
| | group | single | group | single | |
| Earlybird (before 30/6/10) | \$169 | \$179 | \$179 | \$189 | \$60 |
| Regular (before 14/9/10) | \$189 | \$199 | \$199 | \$209 | \$75 |

Payment Method

Cheque payable to "Emmanuel Community"

Credit Card Card Type: Visa Mastercard

Direct Deposit

Account Name: Emmanuel Community
BSB: 064-786 Account Number: 514270100
Reference: Please use "IGNITE [your name]"

Name on Card: _____

Card Number: ____ / ____ / ____ / ____

Exp: ____ / ____ Signature: _____

Please **Invoice Me**

Group Leader making **Single Payment** for group

INDEMNITY & CONSENT

(NB. Parents of participants under the age of 18 must complete the separate Parental Consent Form)

Indemnity: I understand that while every reasonable precaution will be undertaken to ensure my protection, I hereby release Emmanuel Community, authorised Staff and Volunteers (hereafter "Emmanuel Community") from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to me and/or my property while present at the Ignite Conference (hereafter "Ignite"). Further, I indemnify Emmanuel Community from and against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my attendance at Ignite.

Medical Treatment Consent: I give permission for Emmanuel Community to obtain emergency medical, hospital or ambulance assistance and/or treatment for myself at any time they consider necessary. I acknowledge that I will be liable for any medical, hospital or ambulance expense incurred in my treatment and I agree to pay those expenses.

Privacy Declaration: I understand that Emmanuel Community may collect information about me for the purpose of providing promotional material and maintaining ongoing contact with me, and that they will not pass my information on to any other organisation. I consent to my details being used by Emmanuel Community for the promotion of future events and resources via post, phone, email and sms. I can elect to have my details removed from their database at any time. I understand that Ignite will be captured in photographs, video and audio, and that Emmanuel Community reserves the right to use this material for promotional purposes or other resources.

Signature: _____ Date: _____

Please return this form (with payment if applicable) to the Ignite Conference office:

post: PO Box 126, Paddington QLD 4064 fax: (07) 3217 5288 email: info@igniteconference.com.au