

4. COCKTAIL RECEPTION ON THE FIRST NIGHT

I will be present for the cocktail reception on the Monday. Yes No

I will be wanting additional tickets for the cocktail reception (*Please advise how many*) _____

5. CONFERENCE DINNER

I will be present at the conference dinner on Wednesday 29 September Yes No

I will be wanting additional tickets for the conference dinner (*Please advise how many*) _____

6. SPECIAL DIETARY REQUIREMENTS

Please let us know if you have any special dietary requirements: _____

7. SPECIAL REQUIREMENTS

please let us know if you have any special requirements.
(*We regret to advise that we are not able to offer interpretation services*):

8. SUGGESTED ACCOMMODATION (*The following accommodation places are close to the conference venue*)

| Venue | Address & Phone | Cost |
|---|---|--------------------------|
| Hyatt Regency | North Terrace. Ph 13 12 34 Please quote code: M882 | From \$185.00 |
| Hilton Hotel | Victoria Square: +61 (0) 8 8217 2000 | From \$175.00 |
| Corus Grosvenor | North Terrace Ph. +61 (0) 8 8407 8888 | From \$90.00 |
| Royal Adelaide Hospital Residential Wing | North Terrace Ph: +61 (0) 8 8222 5169 | From \$17.60 (single) |

**All prices quoted are in Australian Dollars and correct at time of printing*

9. FURTHER INFORMATION

For further information, please contact us via:
Phone: +61 (0) 2 6273 8551
Fax: +61 (0) 2 6273 4067
E-mail: conf@centreforageing.org.au
Web Site: www.centreforageing.org.au

10. POST TO

Please post completed registrations forms to:
CAPS Conference
15 Blackall St
BARTON ACT 2600
AUSTRALIA