

# Connect 2012

## Australian Teachers of Media Qld State Conference



**When:** Friday 25 May – Saturday 26 May 2012  
8:30 – 4:30pm

**What:** **Connect** with curriculum and industry  
**Collaborate** in hands-on production workshops  
**Contribute** ideas and converse with colleagues

**Where:** Brisbane State High School  
150 Vulture St South Brisbane QLD

**Cost:**

	Two Day EB Rate**	Two Day	One Day
ATOM Qld Member	\$150	\$200	\$120
Non-member	\$210	\$250	\$150
University Student	\$100	\$130	\$70
ATOM Qld Region	\$125	\$175	

\*\*Early Bird Closes on Wednesday 28 March 2012

All registrations include morning tea, lunch and afternoon tea

**Address:** PO Box 2040, Kelvin Grove Q 4059

**Email:** [atomqld1@gmail.com](mailto:atomqld1@gmail.com)

**Web:** [www.atomqld.org](http://www.atomqld.org)

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CONTACT NAME: \_\_\_\_\_

SCHOOL / INSTITUTION: \_\_\_\_\_

PHONE (W): \_\_\_\_\_ FAX (W): \_\_\_\_\_ PHONE (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

NAME #1: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DIETARY REQUIREMENTS: \_\_\_\_\_

NAME #2: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DIETARY REQUIREMENTS: \_\_\_\_\_

NAME #3: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DIETARY REQUIREMENTS: \_\_\_\_\_

NAME #4: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DIETARY REQUIREMENTS: \_\_\_\_\_

**PAYMENT OPTIONS**

		Full Rate	E Bird (by 23 April)	No. of Attendees	Total	
TWO DAY	Students	\$130pp	\$100pp			
	Atom Member	\$200pp	\$150pp			
	Non-Members	\$250pp	\$210pp			
ATOM regional member	Special Two Day Rate	\$175pp	\$125pp			
ONE DAY	University Students	\$70pp				FRI ~ SAT (circle)
	Atom Member	\$120pp				FRI ~ SAT (circle)
	Non-Members	\$150pp				FRI ~ SAT (circle)
<b>TOTAL PAYABLE:</b>						

**DIRECT DEPOSIT (Please fax this form to the number above and retain a copy for your receipt)**

Account Name: Australian Teachers of Media Qld Inc

BSB: 084-034

Acc: 04-784-5318

(Please use your school name as the CODE)

**OR** I enclose a **cheque** for \$ \_\_\_\_\_ made payable to **ATOM Qld Inc.**

**OR** charge my Bankcard MasterCard Visa

Expiry date \_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_ Card No: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_



*Office use only...*

Cheque / money order date: \_\_\_\_\_

Receipt number: \_\_\_\_\_

Date presented to bank: \_\_\_\_\_