

APPLICATION FORM

ICCA INTERNATIONAL MEETINGS FOUNDATION SEMINAR 21 – 22 FEBRUARY 2016, MELBOURNE CONVENTION & EXHIBITION CENTRE

Name: _____

Position: _____

Organisation: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Mobile: _____

Working full time? Yes No

Is your organisation an ICCA member? Yes No

**Registration fee for non-ICCA member is AUD 165 including tax.*

Age: _____

Number of years in meetings industry _____

Signature: _____ Date: _____

Employer endorsement of application for ICCA members only

Name: _____

Position: _____

Email: _____

Signature: _____