



THE JUNCTIONWORKS
"Creating new possibilities in people's lives"

SPARK

"Igniting possibilities"



REGISTRATION FORM

DATE: 20th – 23rd October 2015 • REGISTRATIONS CLOSE: 25th September 2015

VENUE: The Tops Conference Centre Bendena Garden Rd, Stanwell Tops

ORGANISATION DETAILS

Organisation: _____ Date: _____

Contact Person & Position/Title: _____

Address: _____

Ph: _____ Mobile: _____ Email: _____

Signed: _____

Please complete the following details for the supervising staff member for your group who will be in attendance at SPARK.

Name & Position/Title: _____

Ph: _____ Mobile: _____ Email: _____

Please complete client and staff/carer details over the page and attach an extra page if required.

IMPORTANT INFORMATION / TERMS & CONDITIONS

- **Early Bird registration and payment to be received in full before 30th June 2015 or standard charges apply.**
- **Standard charges apply to registration and payment received after 30th June 2015.**
- In registering for SPARK you acknowledge and allow filming/photography of your organisation's group members which may be used for promotional and media purposes.
- **Risk Assessment:** Please refer to www.thetops.com.au "Site Risk Assessment"
- Please note wheelchair accessible accommodation is limited.
- Your registration will be acknowledged via email upon receipt of registration form by SPARK Team at The Junction Works. Your SPARK schedule and room allocation will be confirmed in writing from The Junction Works upon close of registrations.
- **The SPARK arrival office will open from 5pm on Tuesday 20th October 2015 for your group to check-in and complete registration procedures. Please ensure you arrive in time to complete your check in prior to Dinner service at 6.30pm.**
- All payments to be finalised within 14 days of registration. If payment not received then your booking will be automatically cancelled.
- **Refunds and Cancellations:** A \$100 admin fee applies to all cancellations. Cancellations will be accepted up to 2/10/2015 Full payment will be required if cancelled after 2/10/2015
- The participating organisation's staff are responsible for the care of their clients and personal belongings whilst attending SPARK. Clients must have a staff member accompany them at all times.
- Any damage to The Tops property (i.e. Mattress) must be reported to The Tops & if required costs will be met by your organisation.

PAYMENT DETAILS

- **Cheque Payment:** Please make cheque payable to "The Junction Works Ltd" - ABN 79 133 200 905 Post your registration form and cheque to: The Junction Works Ltd. PO Box 15 Austral NSW 2179
- **EFT Payment Details:** 032-075 538450 Please enter your organisation name as reference when paying by EFT. Please fax or email registration details on payment. Fax: 02 9606 0528

• **Credit Card Payment:**  

Card no: _____ / _____ / _____ / _____ Address: _____

CW _____ Expiry date: ____/____ _____ State: _____ Postcode: _____

Signature: _____ Telephone: _____ Mobile: _____

Cardholder name: _____ Email: _____

- **For further information** regarding SPARK please Email: spark@thejunctionworks.org or Phone: 02 8777 0500

ROOM PURCHASE REQUEST DETAILS

Registrations are required per room. Please note room options are either 6 person rooms, 5 person rooms or 3 person rooms. Note there is a very limited number of Wheelchair Accessible rooms. 3 person rooms are also limited in availability. Rooms will be allocated in order of receipt of registration to The Junction Works SPARK Team.

Quantity (a)	Early Bird (b)	Standard (c)	Sub Total (d) [(a) x (b) or (c)]
1	6 Person Room @ \$2,793.00	6 Person Room @ \$2,923.00	
2	5 Person Room @ \$2,296.00	5 Person Room @ \$2,398.00	
3	3 Person Room @ \$1,302.00	3 Person Room @ \$1,353.00	
Note: Room rates are based on an average client to staff ratio.		Total (e) (d)1 + (d)2 + (d)3 =	
		Staff T-Shirt Orders as below (f) (N° Shirts x \$25 each) =	
		Grand Total (e) + (f) =	

Please complete client & staff/carer details below and attach an extra page if required.

Organisation: _____

Total Number of Clients: _____ **Total Number of Staff/Carers:** _____

CLIENT DETAILS

Full Name	Male/ Female	W/Chair Accom?	Mattress Protector?	T-Shirt Size	Dietary Requirements?
1.	M/F	Y/N	Y/N	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES you must complete additional dietary requirements form per person.
2.	M/F	Y/N	Y/N	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES you must complete additional dietary requirements form per person.
3.	M/F	Y/N	Y/N	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES you must complete additional dietary requirements form per person.
4.	M/F	Y/N	Y/N	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES you must complete additional dietary requirements form per person.

STAFF/CARER DETAILS

Full Name	Male/ Female	T-Shirt Size	Dietary Requirements?
1.	M/F	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL @ \$25ea	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES you must complete additional dietary requirements form per person.
2.	M/F	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL @ \$25ea	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES you must complete additional dietary requirements form per person.

TJW (SPARK) - OFFICE USE ONLY

Date Registration Received: _____ Received by signature: _____

Payment Received Date: _____

Comments: