



# Australian Wiccan Conference *Pagans Rising*

*2008 Registration Form  
From 3pm 19<sup>th</sup> – 3pm 21<sup>st</sup> September  
Spring Equinox*

Presented by The Pagan Awareness Network Inc Qld  
Supported by Pagan Alliance Qld

**GUEST 1** (Please circle) Adult / Presenter  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
PAN / PA member # \_\_\_\_\_ \$ \_\_\_\_\_

**GUEST 2** Adult / Presenter / Child(Age:\_\_\_\_)  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
PAN / PA member # \_\_\_\_\_ \$ \_\_\_\_\_

**GUEST 3** Adult / Presenter / Child(Age:\_\_\_\_)  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
PAN / PA member # \_\_\_\_\_ \$ \_\_\_\_\_

**GUEST 4** Adult / Presenter / Child(Age:\_\_\_\_)  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
PAN / PA member # \_\_\_\_\_ \$ \_\_\_\_\_

Attach extra page if booking for more than 4.

**TOTAL** \$ \_\_\_\_\_

**Mail all four forms along with complete payment to:**  
(CHEQUE / MONEY ORDER TO BE MADE OUT TO LINDA WARD)

**PAN Inc Qld  
PO Box 2191  
GAILES  
QLD 4300**

**\*\*\* PLEASE NOTE**

ALL CHILDREN IN ATTENDANCE WILL REMAIN THE  
RESPONSIBILITY OF THEIR GUARDIANS FOR THE DURATION  
OF THE CONFERENCE.

| <u>TICKET PRICES</u>               |        |
|------------------------------------|--------|
| Standard                           | \$180  |
| Early bird                         | \$160  |
| PAN/PA member                      | \$160  |
| Presenters                         | \$160  |
| Concession                         | \$160  |
| (Pensioner / Student / Child 4-15) |        |
| Early bird closes                  | 30 Jun |
| Registration closes                | 15 Aug |



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## *Personal Booking Information*

**Postal Address:** (to receive your AWC Guest information) \_\_\_\_\_

**State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **Residential Postcode:** (if different) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please advise a t-shirt size for each guest.**

|                        |    |    |    |    |    |     |     |     |
|------------------------|----|----|----|----|----|-----|-----|-----|
| Mens straight t-shirts | XS | S  | M  | L  | XL | 2XL | 3XL | 4XL |
| QTY                    |    |    |    |    |    |     |     |     |
| Ladies fitted tops     | 10 | 12 | 14 | 16 | 18 | 20  | 22  | 24  |
| QTY                    |    |    |    |    |    |     |     |     |

**Are there any guests whom you would like to share a dorm with?**

(All efforts will be made to provide this but it is not guaranteed)

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any meal or alcoholic beverage suggestions / preferences?**

\_\_\_\_\_  
\_\_\_\_\_

**Would you like us to cater for any of your dietary requirements?**

Vegan / Vegetarian / Lactose free / Gluten free / Nut free / Other \_\_\_\_\_

**Do you have any other requirements?** (e.g. wheelchair access?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is there any other information which you believe may help us to provide the best possible care?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## *Medical Information and Consent Form*

(Please attach one page per guest)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Medicare number:** \_\_\_\_\_

**In an emergency, please contact:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Do you suffer from any of the following?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Psychological condition          |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Blood pressure    | <input type="checkbox"/> Migraine headaches               |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Acute phobias     | <input type="checkbox"/> Allergies (please specify below) |
- Other illness or injury \_\_\_\_\_

**Further details:** \_\_\_\_\_

**If you have ticked any of the above, please specify your emergency treatment plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treating Doctors name and phone number:** \_\_\_\_\_

We respectfully request that you secure any medication you choose to bring to AWC08. Please see a committee member for any special requirements and ensure that a current treatment plan including medication and dosage comes with you if required. This may remain with you, or if preferred you may provide it in a sealed envelope upon arrival for emergency use. This will be returned unopened upon departure. **Any drugs which are not prescribed, or which are not 'over the counter' should not be bought to AWC08.**

**Privacy Statement:** The information on this form, which includes health information, is collected for the primary purpose of best managing any health or safety emergency that may involve you during AWC08. Other purposes of collection include eliminating or minimising the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. If you choose not to complete all the questions on this form, it may not be possible for the committee to provide the best possible response to any emergency involving you or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. Personal information may also be disclosed to emergency services personnel or medical personnel.



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## *Release Notice*

- I hereby declare that the information I have provided to PAN Inc Qld for the purpose of registration and care at AWC08 is current and correct.
- I commit to notifying the organisers of any changes upon arrival at AWC08.
- In case of emergency I authorise those in charge to take any steps they may consider necessary for the safety or well-being of myself, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for any treatment costs.
- If needed, I accept responsibility for the use and dosage of paracetamol or antihistamines. I know of no adverse effect they may cause, or have made a statement on the medical information form otherwise.
- Guests under 18 yrs must be booked and signed for by a parent or legal guardian. Please state if you are a parent or guardian when signing.

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**GUEST 1** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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**GUEST 2** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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**GUEST 3** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

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**GUEST 4** First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Attach extra page if booking for more than 4.

Don't forget, the early bird specials are available until last mail, June 30<sup>th</sup> 2008.  
Looking forward to seeing you in Spring!

*~ The 2008 AWC Committee*

Office use only.

Registration number:

T-shirt 1:

2:

3:

4:

Payment received: \$

Cash / Money Order / Cheque:

Receipt number:

Medical:

Other:

Date:

Banked:

Issue Date: