

Return this form with your Session Selection Form and payment to Australian Fitness Network to complete your registration.

REGISTRATION OPTIONS

Option 1: 3-Day Convention (includes workshops)

If you would like to attend the 3-day convention (includes workshops), please complete Forms A to D indicating on Form D which workshop you would like to attend on Thursday as well as your other session selections for Friday and Saturday. Remember, the 1-day workshop fee is included in the full 3-day convention rate.

Option 2: 2-Day Convention (excludes workshops on Thursday)

If you would like to attend the Friday and Saturday only of the convention, please complete Forms A to D indicating on Form D which sessions you would like to attend over the two days. This option does not include the 1-day workshops on Thursday.

Title: ☐ MR ☐ MRS ☐ MS ☐ MISS | ☐ Male ☐ Female

First name: _____

Family name: _____

Postal address: _____

Suburb: _____ State: _____

Pcode: _____ Country: _____

Is the above a new address: ☐ Yes ☐ No

Company: _____

Main fitness industry occupation: _____

Ph (w): (____) _____ Ph (h): (____) _____

Mobile: _____ Fax: (____) _____

E-mail: _____

Network membership No: _____

Expiry date: ____ / ____ / ____

Please check expiry date – you must be a member now and during the event.

IMPORTANT INFORMATION:

- Please use one Registration Form per person. Photocopy if you require additional copies.
- If you are registering as a group, all forms for each delegate must be mailed in the same envelope.
- If you are part of a Club Network group and are taking up the voucher offer, the vouchers must be attached to each Registration Form for the offer to be valid.
- All payments must be made in Australian dollars.
- Please be familiar with our cancellation policy (Page 46).
- Registration received after Monday 6 November will incur a \$50 administration fee.
- Session selections are not confirmed until you receive written notification from Australian Fitness Network.
- If we receive and process your Registration Form by Friday 3 November, you will receive a tax invoice and delegate information BEFORE the convention takes place, otherwise you will receive the tax invoice after the event.
- REMEMBER! Network 06 is a member-only event. You must be a member of Australian Fitness Network to attend.

WAIVER

Please fill in your details and sign this waiver – we cannot process your registration without this.

I willingly participate in all aspects of the Network 06 Convention at my own risk. I am in reasonable physical health and acknowledge that when engaging in exercise routines or similarly strenuous activity, I may suffer injury, illness or death. I assume the risk of, and the responsibility for, any injury, illness, death or damage to or loss of property resulting from my participation in any activities and will not seek to penalise, prosecute or claim compensation from the organisers, sponsors, suppliers, presenters or participants. Additionally I understand that I may be photographed, filmed, videotaped or audio-taped during Network 06 and understand that Australian Fitness Network and its affiliates will own all or part of any such film, tape or recording and use it for any and all commercial and non-commercial purposes without providing remuneration or seeking permission. I agree I will not videotape, film, photograph or audiotape any part of any session without written authorisation from Australian Fitness Network. I have read and understood this waiver and know how it affects my legal rights.

NOTE: The information you provide is used by Australian Fitness Network and affiliates (e.g. mailing house) for the purpose of registering your attendance at Network 06. Australian Fitness Network may provide your details to sponsors and affiliates for marketing purposes. If you do not wish to be kept up to date with the latest news, products, special offers, discounts etc, please write to 'The Privacy Officer' at Australian Fitness Network, PO BOX 1606, Crows Nest NSW 1585 and state 'I am attending Network 06 but do not wish to receive promotional offers'.

Full name (please print): _____

Daytime Ph No: (____) _____

Signature: _____ Date: ____ / ____ / 2006

Please select your registration options below and send to Network with your Registration and Session Selection Forms.

CONVENTION REGISTRATION / PACKAGES (ALL FEES INCLUDE GST)

Individual

3-Day Rate = Thursday, Friday and Saturday

2-Day Rate = Friday and Saturday only

Early Bird Rate

until Friday 29 September 2006
(must be postmarked by this date)

☐ Early Bird 3-Day Rate **\$379**

☐ Early Bird 2-Day Rate **\$319**

Standard

30 September to 6 November 2006

☐ Standard 3-Day Rate **\$429**

☐ Standard 2-Day Rate **\$369**

TOTAL: _____ \$

Group (5 or more)

3-Day Rate = Thursday, Friday and Saturday

2-Day Rate = Friday and Saturday only

Early Bird Rate

until Friday 29 September 2006
(must be postmarked by this date)

☐ Early Bird 3-Day Rate **\$329**

☐ Early Bird 2-Day Rate **\$269**

Standard

30 September to 6 November 2006

☐ Standard 3-Day Rate **\$379**

☐ Standard 2-Day Rate **\$319**

TOTAL: _____ \$

BRISBANE BUSINESS SUMMIT

Early Bird Rate

until Friday 29 September 2006
(must be postmarked by this date)

☐ Early Bird Summit **\$419**

☐ Early Bird Summit & Convention **\$519**
(includes the convention on Saturday)

Standard

30 September to 6 November 2006

☐ Standard Summit **\$469**

☐ Standard Summit & Convention **\$569**
(includes the convention on Saturday)

TOTAL: _____ \$

PRE & POST CONVENTION CERTIFICATIONS

PRE CONVENTION

Network Pilates: Fundamental Matwork Certification

☐ Club Network members (if send 3 or more) **\$640** per person

☐ Network members **\$840** per person ☐ Non-members **\$920** per person

Indoor Cycling Education (I.C.E.) – Stage 1

☐ Club Network members (if send 3 or more) **\$179** per person

☐ Network members **\$269** per person ☐ Non-members **\$349** per person

POST CONVENTION

Indoor Cycling Education (I.C.E.) – Stage 2 & Sensitive Cycling

☐ Club Network members (if send 3 or more) **\$179** per person

☐ Network members **\$269** per person ☐ Non-members **\$349** per person

Network Pilates: Intermediate Matwork Certification

☐ Club Network members (if send 3 or more) **\$220** per person

☐ Network members **\$420** per person ☐ Non-members **\$500** per person

Network Pilates: Pilates and Pregnancy

☐ Club Network members (if send 3 or more) **\$220** per person

☐ Network members **\$420** per person ☐ Non-members **\$500** per person

TOTAL: _____ \$

ADDITIONAL FEE FOR NON-MEMBERS

Network 06 is a member-only event. It is compulsory for your membership to be current now and at the time of the event. This fee provides 12 months membership to Australian Fitness Network. For further information on membership, go to www.fitnessnetwork.com.au/membership or call 02 8424 7200.

Please add the following membership fee if you are a non-member or your membership expires on or after 9 November 2006:

Professional (instructors/trainers)

☐ Australia/NZ **\$80** ☐ Asia **\$90** ☐ All other countries **\$115**

TOTAL: _____ \$

Choose 1 newsletter (additional newsletters cost **\$35**)

☐ PT ☐ Group ☐ Aqua

Club Network (owners/managers):

☐ Australia/NZ **\$149** ☐ Asia **\$175** ☐ All other countries **\$205**

TOTAL: _____ \$

Business (industry suppliers):

☐ Australia/NZ **\$280** ☐ Asia **\$305** ☐ All other countries **\$330**

TOTAL: _____ \$

GRAND TOTAL: _____ \$

Payment must accompany your Registration and Session Selection Forms for processing to take place.

Please make cheques payable to: Australian Fitness Network Pty Ltd

☐ Cash (if paying in person) ☐ Money order
☐ Mastercard ☐ VISA
☐ Bankcard ☐ Cheque attached

Credit card holder's name: _____

Credit card number: _____/_____/_____/_____

Signature: _____ Date: ____ / ____ / __06

Expiry date: ____ / ____

A confirmation tax invoice will be sent to you in your name.

Is another person paying?

If another person is paying for your registration please complete their details below.

Please tick ☐ for their name to appear on the tax invoice.

Name: _____

Company (if applicable): _____

Address: _____

Suburb: _____

State: _____

Postcode: _____

Ph: (____) _____

Return this form with your Registration and Payment Forms to Australian Fitness Network.

WHAT TO DO:

Step 1. Review the Network 06 Program at a Glance (Pages 11 to 15).

Step 2. Choose the sessions and workshops you wish to attend and read descriptions.

Step 3. Indicate your **1st**, **2nd** and **3rd** choices on this Session Selection Form by using the session codes in the Network 06 Program at a Glance. Please use a black pen and write clearly.

Step 4. Complete Registration Form and Waiver. *You must sign the waiver on Form A for sessions to be processed.*

Step 5. Send this Session Selection Form with your Registration Form and Payment to Australian Fitness Network. All of these need to be sent in to secure registration.

YOU MUST FILL IN ALL 3 CHOICES IN CASE YOUR 1ST OR 2ND CHOICES ARE FULL

Please write your session selection codes clearly

THURSDAY 9 NOVEMBER

One day workshops

A1A The future of sport conditioning (WS) • **A1B** How to be a six figure trainer (L)

A1C Creative freestyle evolution (WS) • **A1D** Postures, poses, positions and practice (WS)

A1E The ultimate aqua instructor (WS)

	1st choice	2nd choice	3rd choice
9am – 5pm	A1_____	A1_____	A1_____

NB. A1E: 8am – 4pm

FRIDAY 10 NOVEMBER -AQUA

Aqua Timeslot(off-site at Newmarket Pool)

8 – 9am	B1K ☐	Participate / Spectate
9:15 – 10:15am	B2K ☐	Participate / Spectate
10:30 – 11:30am	B3K ☐	Participate / Spectate
11:45am – 12:45pm	B4K ☐	Participate / Spectate
1:30 – 2:30pm	B5K ☐	Participate / Spectate
2:45 – 3:45pm	B6K ☐	Participate / Spectate

please circle

FRIDAY 10 NOVEMBER

Timeslot	1st choice	2nd choice	3rd choice
8:45 – 10am	Opening Address: Ignite Your Potential		
10:15 – 11:30am	B1_____	B1_____	B1_____
12 – 1:15pm	B2_____	B2_____	B2_____
2:30 – 3:45pm	B3_____	B3_____	B3_____
4 – 5:15pm	B4_____	B4_____	B4_____
5:30 – 6:30pm	B5_____	B5_____	B5_____
6:30 – 7:30pm	Happy Hour drinks and Prize Draws		

SATURDAY 11 NOVEMBER

Timeslot	1st choice	2nd choice	3rd choice
8:45 – 10am	C1_____	C1_____	C1_____
10:30 – 11:45am	C2_____	C2_____	C2_____
12:45 – 2pm	C3_____	C3_____	C3_____
2:30 – 3:45pm	C4_____	C4_____	C4_____
4 – 5pm	C5_____	C5_____	C5_____

CHECKLIST:

- ☐ Network 06 Registration Form ☐ Network 06 Payment Forms
- ☐ Network 06 Session Selection Form ☐ Signed Waiver



PLEASE SEND TO:

Australian Fitness Network,

Post: PO Box 1606, Crows Nest NSW 1585 Australia

Fax: 02 9437 6511