

2024 RIAA AUSTRALASIAN ROADMARKING CONFERENCE / EXHIBITION AND WORKSHOP REGISTRATION FORM



PERSONAL DETAILS

NAME		
COMPANY		
POSITION		
ADDRESS		
SUBURB	STATE	POSTCODE
PHONE	MOBILE	
EMAIL		

REGISTRATION FEES

2 DAY REGISTRATION FEES

Fees include 2 day registration to all sessions, breakfast (Thursday only), morning teas, lunches and afternoon teas. The Cocktail Function (Wednesday Night) is also included in this fee but NOT the Gala Dinner (Thursday night)

	Early Bird price until 31/05/2024 (GST inc)	Price After 31/05/2024 (GST inc)	No Required	Total \$AUD
RIAA/NZRF Members (Registration for first Delegate)	\$1,270.50	\$1,391.50		
RIAA/NZRF Members (Additional Delegates)	\$907.50	\$1,001.00		
Non Members (Registration for first Delegate)	\$1,633.50	\$1,754.50		
Non Members (Additional Delegates)	\$1,270.50	\$1,397.00		

1 DAY REGISTRATION FEES

Fees include 1 day registration to all sessions, breakfast (Thursday only), morning tea, lunch and afternoon tea on Wednesday OR Thursday. The Cocktail Function (Wednesday Night) and Gala Dinner (Thursday night) are NOT included

	Price (GST inc)	No Required	Total \$AUD
RIAA/NZRF Members Day Delegate	\$840.00		
Non Member Day Delegate	\$950.00		

FUNCTIONS

	Price (GST inc)	No Required	Total \$AUD
Cocktail Function (Wednesday Night) - Day Delegate or Accompanying Person	\$110.00		
Dinner/Show (Thursday Night)	\$240.00		

NAME BADGE DETAIL:

Delegate Name: _____

Accompanying Persons Name: _____

Additional Delegate Name: _____

Additional Delegate Name: _____

SPECIAL DIETARY REQUIREMENTS:

PRIVACY DISCLOSURE (Please Circle) I DO / DO NOT consent to my details being disclosed to exhibitors for Marketing Purposes

PAYMENT DETAILS:

- Please issue an invoice
- I have paid via EFT to the Roadmarking Industry Association of Australia Account. Transaction reference number:
Account Name: Roadmarking Industry Association of Australia BSB: 193-879 Account Number: 106302218
- I hereby Authorise the RIAA to charge my credit card in the amount of \$

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiry Date	CVV:
Cardholders Name: _____		Signature: _____	

[Please send your registration form to Roadmarking Industry Association of Australia, PO Box 5070, Hallam, Vic, 3803](#)
or email to: info@riaa.com.au or Fax to: 03 9939 1017 ABN: 57 097 361 601

Cancellation Policy: No refunds will be given for cancellations made less than 14 days prior to the conference.