



APPLICATION FORM
CSD CONFERENCE JUNE 17-20th, 2010
VENUE : LEISURE INN
167 Macquarie St HOBART

Name: _____

Address: _____

Email: _____

SINGLE ROOM & MEALS— \$440

SHARED ROOM & MEALS— \$300

(Please name preferred companion if any)

Name: _____

I will live out for the Conference -

LIVE OUT & MEALS - \$185



As we are a volunteer group and need to work with a corporate Hotel we can only offer these three options.

I enclose \$ _____

being total payment for Conference.

Make cheque payable to CSD Conference.

Please return enrolment form along with
 payment before April 30, 2010

Ms Shirley Hayden,
 CSD Conference,
 C/- St Therese's Convent,
 24 Hopkins Street
 MOONAH TAS 7009
 csdhobart2010@yahoo.com.au

For your well-being during the Conference, please fill in below if you have any special need (dietary, mobility etc.)
