

Gamblers Anonymous 42nd National Conference with Gam-Anon participation *“2023 and Beyond...”*

Where: Mantra Tullamarine Hotel

2 Trade Park Drive, Tullamarine VIC 3043

When: 4pm Friday 25th to 4pm Sunday 27th August 2023

Option 1: Complete Weekend package:

Includes Conference (Fri Sat & Sun), Airport transfers, accommodation for Friday & Saturday nights, internet access and all meals. Rooms serviced daily. Deposit required at check in is \$200 cash or \$50 on a debit/credit card. Room service available 24hrs, mini bar in rooms, parking available \$15 per day.

Single Room (1 person)

\$690 pp

Double (1 bed) or Twin (2 beds) Room (2 people)

\$530 pp

Option 2: Conference ONLY package:

Includes Conference (Fri, Sat & Sun) including dinner Friday, lunch & dinner Saturday and lunch Sunday. Parking available for \$15 per day.

Conference ONLY

\$330 pp

Option 3: EXTRA Dinner Guest:

3 course dinner & entertainment

\$80 pp

PAYMENT:

- ❖ Debit/Credit Card payments contact Yvonne R 0419 395 818 for processing.
- ❖ Bank deposits: Commonwealth Bank, **Conference 18A**, BSB 063 167, Account 1074 1912
- ❖ Cheques or money orders made payable to: **Conference 18A**
- ❖ Send to: **Conference 18A**, P O Box 191, Moorabbin VIC 3189
 - MINIMUM DEPOSIT of \$50.00 required with a **completed Registration Form**.
 - REGISTRATIONS from 1st July 2023 will ONLY be accepted with **FULL** payment.
 - FINAL PAYMENTS required by Friday 21st July 2023. No refunds after this date.

For more information, please call or email:

Yvonne R 0419 395 818 Email: gaconference18a@gmail.com

Website: <https://gaaustralia.org.au/members>

PLEASE DO NOT CALL MANTRA FOR CONFERENCE QUERIES!

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- ❖ Cheques or money orders made payable to: Conference 18A
- ❖ Registration forms are to be emailed or posted. Email: gaconference18a@gmail.com
Post to: Conference 18A, P O Box 191, Moorabbin VIC 3189

1. **First Name & Initial:** _____ **State:** _____

Group: _____ **GA / Gam-Anon** **Mobile:** _____

Email: _____ **Anniversary Date:** _____

Postal address: _____

Package required: (please TICK your choices)

FULL WEEKEND: Single Double (1 bed) or Twin (2 beds)

CONFERENCE ONLY Extra Dinner Guest Name: _____

2. **First Name & Initial:** _____ **State:** _____

Group: _____ **GA / Gam-Anon** **Mobile:** _____

Email: _____ **Anniversary Date:** _____

Postal address: _____

Package required: (please TICK your choices)

FULL WEEKEND: Single Double (1 bed) or Twin (2 beds)

CONFERENCE ONLY Extra Dinner Guest Name: _____

Payment Enclosed, Bank Deposit, Debit/Credit card Amount: \$ _____

Reference on bank deposit: _____

Notes: * Please note any special dietary requirements, extra nights, etc.
