

GA/Gam-Anon 43rd Australian National Conference

“It Starts With Me”

Where: Novotel Hotel, 350 Church Street, Parramatta

When: 6:00 pm Friday 23rd August to 4.00 pm Sunday 25th August 2024
Registration from 4:00 pm Friday 23rd August 2024

CONFERENCE OPTIONS

Option 1	Includes options 3 to 6 plus 2 nights' accommodation with breakfast.	Single - \$665 per person Double/twin - \$490 per person
Option 2	Day-only conference package. Options 3 to 6 below.	\$265.00 per person (reduced from \$285)
Option 3	Friday night – BBQ from 6.00 pm and combined GA/Gam-Anon meeting from 7:30 pm to 9:30 pm.	\$25.00 per person
Option 4	Saturday - Full day conference (8.45am to 4.00pm) including morning and afternoon teas and lunch.	\$95.00 per person
Option 5	Dinner/dance 7:00 pm to 11:30 pm.	\$70.00 per person
Option 6	Sunday - Full day conference (9.00am to 4:00 pm) including morning and afternoon teas and lunch.	\$95.00 per person

Parking at the hotel is available for \$20 per day or \$30 overnight.

Payments

- A minimum deposit of \$50 (\$25 for Friday only) is required with your registration form.
- Registrations after 1st July 2024 will only be accepted with FULL PAYMENT.
- FINAL PAYMENT is required by Friday 21st July 2024.

For more information please call or email:

Andy D 0410 632 519 or +61 410 632 519

Jol P 0419 301 338 or +61 419 301 338

Warwick R 0419 413 101 or +61 419 413 101

Email ganswconference@gmail.com

REGISTRATION FORM

For EFT deposits from within Australia:

Account name: Gamblers Anonymous Regional Office

BSB: 082-171

Account number: 50 919 8208

Please include your name and group so that we can identify your payment.

Email forms to **ganswconference@gmail.com**

or post to **Conference 2024, PO Box 122, Fairfield, NSW, 1860.**

Overseas deposits – contact the committee (details on page 1).

1. First name and initial _____

Group _____ **State/Country** _____

Email _____ **Mobile/cell no.** _____

Postal address _____

(email or postal address is required)

Please circle required option(s)

OPTION 1 Single Double/twin OPTION 2

OPTION 3 OPTION 4 OPTION 5 OPTION 6

2. First name and initial _____

Group _____ **State/Country** _____

Email _____ **Mobile/cell no.** _____

Postal address _____

(email or postal address is required)

Please circle required option(s)

OPTION 1 Single Double/twin OPTION 2

OPTION 3 OPTION 4 OPTION 5 OPTION 6

Do you require an airport pickup? Please circle **Yes** or **No**.

Do you want to host a workshop? Please circle **Yes** or **No**.

Please indicate any special dietary or other requirements.
