

Gamblers Anonymous 45th National Conference

with Gam-Anon participation

Our Fellowship needs you!

Where: Mantra Melbourne Airport

2 Trade Park Drive, Tullamarine VIC 3043

When: 4pm Friday 28th to 4pm Sunday 30th August 2026

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)

\$695 pp

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

\$535 pp

Option 2: Conference ONLY package:

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

Conference ONLY

\$335 pp

Option 3: EXTRA Dinner Guest:

3 course dinner & entertainment

\$85 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 2026 will ONLY be accepted with FULL payment.
- FINAL PAYMENTS required by Friday 24th July 2026. No refunds after this date.

For more information, please call or email:

Yvonne R 0419 395 818

Email: gaconference18a@gmail.com

Ange E 0437 252 613

Website: gaaustralia.org.au/members

PLEASE DO NOT CALL MANTRA FOR CONFERENCE QUERIES!

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REGISTRATION FORM

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- ❖ Bank deposits: Commonwealth Bank, Conference 18A, BSB 063 167, Account 1074 1912
- ❖ 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: _____

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

CREDIT CARD PAYMENT: will be processed via square with 1.9% fee

Name on card: _____

Card number: _____

Card Expiry Date: _____ **CVV:** _____