



2018 51st SSPA NATIONAL CONVENTION

Dates: Monday 1st October to Sunday 7th October 2018

Venue: Seagulls Resort, 74 The Esplanade, Belgian Gardens, QLD, 4810

CONVENTION COSTS

SSPA members staying full-time at Seagulls Resort	AUD \$
Adult/Secondary (14+) per person	\$655
Kids (9-13 years) per person	\$450
Kids (3-8 years) per person	\$290
Infant (under 2 years) Free	\$ 0
Non-SSPA members staying full-time at Seagulls Resort	AUD \$
Adult & Secondary (14+) per person	\$695
Kids (9-13 years) per person	\$490
Kids (3-8 years) per person	\$330
Infant (under 2 years) Free	\$ 0
LINEN (included for full time attendees)	\$10

Part-time attendees	Members	Non-members
Daily Meals (each meal)	\$20	\$27
Daily Accommodation	\$80	\$95
Activity Cost – Billabong Wildlife Sanctuary (includes bus travel)	\$55	\$70
Activity Cost – Disco	\$15	\$25
Activity cost –Island Trip (includes bus travel)	\$95	\$110
Activity cost – Sports Day	\$15	\$25
Medical Day	\$25	\$35
Child Care (Medical/ AGM/ Dinner Dance) per child	\$20	\$35
Dinner Dance	\$60	\$75

REGISTRATION AND PAYMENT DETAILS

Please forward registration form/s and **min \$100 deposit per person NO LATER THAN FRIDAY, 7th August 2018** to Kaylene Mladenovic, 4 Hooper Street, Belgian Gardens, QLD, 4814 or email: kmlad1@eq.edu.au

Please note that registration details form must be completed for all attendees, and part-time attendees must also complete the part time attendee registration form.

DIRECT DEPOSIT (PREFERRED METHOD OF PAYMENT)

Please deposit funds into the following account:

SSPA NQ Short Statured People of Australia Incorporated

BSB: 014 490

Account No: 2479 77614

Please use your full name as the reference, and email kmlad1@eq.edu.au with payment details you have deposited.

Why not start a payment plan and make fortnightly payments. A little goes a long way.

Important information:

Unlike previous years, accommodation will be a range of resort style rooms, ranging from rooms with a Queen and a single bed up to family style rooms. Every effort will be made to allocate attendees to their preferred accommodation.

REGISTRATION DETAILS FORM

NAME:

ADDRESS DETAILS:

Street Address	Suburb:	Country:	Postcode
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Home Phone:	Mobile Phone:	Email:
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Will you be attending for the full six days of the convention? If yes, please complete the form below? If no, please complete this form and the part-time attendee registration form	Are you a current member of the SSPA? Yes / No (Please circle)
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DETAILS OF ATTENDEES (for any extras, please attach another copy of this form):
If short statured, please indicate type of short stature in the comments section - this information is collected and collated for support / statistical purposes only

First Name	Surname	Age 18 and under	Short Statured	Require Lower bunk (If applicable)	Require Cot @ \$25	Uses a CPAP Machine for Sleep Apnea	Uses a wheelchair or scooter?	Comments
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	

TOTAL COST	
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Do you have any special requests or requirements?	Yes / No
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If so, please detail:

DIETARY & ALLERGY FORM

NAME:			
ADDRESS DETAILS:			
Street Address		Suburb:	Country:
Home Phone:		Mobile Phone:	Email:
First Name	Surname	DIETARY REQUIREMENT	ALLERGY

In case of an allergic reaction does attendee need the use of an epi-pen Yes / No

Will the attendee have their epi-pen with them Yes / No

Travel Details

AIRPORT TRANSFER			
Do you require pick up on arrival, Monday 1 st October? Yes / No		Do you require drop off Sunday 7 th October? Yes / No	
Number of passengers		Are you traveling with an electric wheelchair/scooter?	Yes / No
		Are you travelling with a pram?	Yes / No
TOWNSVILLE AIRPORT			
Arrival time at Airport:		Departure time at Airport:	
Airline:		Airline:	
Flight number:		Flight number:	
ROAD TRAVEL			
Do you require on-site parking		Yes / No	
BUS OR RAIL TRAVEL			
Arrival time:		Departure time:	

If you are a part-time attendee and require transport please change the dates on this form.

2018 SSPA 51st National Convention, Seagulls Resort

PART-TIME ATTENDANCE This form **MUST** be filled out if you are **NOT** staying full-time at Seagulls.

Please fill out the table below by indicating the number of people who will be attending each event and if you will require overnight accommodation and transport.

DAY	DATE	EVENT	Overnight Accommodation Required	Adults & Secondary 14+ yrs	Kids 9 – 13 yrs	Kids 3– 8 yrs	Infants under 2 yrs	COST
Mon	1 st October	Dinner	YES / NO					
		Meet & Greet Evening						
Tue	2 nd October	Breakfast	YES / NO					
		Medical Day						
		Morning Child Care (9am – 12pm)						
		Lunch						
		Dinner						
		Disco						
Wed	3 rd October	Breakfast	YES / NO					
		Island Tour						
		Lunch						
		Dinner						
		Fun/ Games Night						
Thurs	4 th October	Breakfast	YES / NO					
		Sports Day						
		Lunch						
		Dinner						
		Talent Show						
Fri	5 th October	Breakfast	YES / NO					
		Billabong Tour						
		Lunch						
		Dinner Dance						
		Child Care (6.30 pm till 11.30pm)						
Sat	6 th October	Breakfast	YES / NO					
		AGM/ National Council						
		Morning Child Care (9am – 12pm)						
		Lunch						
		Dinner						
		Farewell evening						
Sun	7 th October	Breakfast						
TOTAL COST								

TEMPORARY GUARDIAN & MEDICAL RELEASE FORM

All minors (under the age of 18) attending the 2018 SSPA National Convention at, Seagulls Resort, Townsville, from Monday 1st October 2018 to 7th October 2018 without parent(s) or legal guardian must have a temporary guardian of at least 21 years old designated for the week of the convention.

Parent(s) of the unaccompanied minor attending the convention must complete the following details:

Child's full name:	
Date of birth:	
I hereby give permission for my child _____ (insert name) to receive full medical treatment in the event of an emergency, including the administering of Panadol	
Panadol dose:	
Exceptions (if any):	
Allergies/medications (if applicable):	
I authorize _____ (insert name) to be the legal guardian for my minor child during the week of Monday 1 st October to Sunday 7 th October 2018 during the SSPA Convention to be held at Seagulls Resort, Townsville.	

Parent(s) Details:	
Name	
Signature	
Address	
Phone number	
Mobile number	

Guardian's Details:	
Name (must be over 21)	
Signature	
Address	
Phone number	
Mobile number	