

HRIA 16TH NATIONAL CONFERENCE 2025 – TOOWOOMBA, QUEENSLAND

Friday 17th to Monday 20th of October, 2025

REGISTRATION FORM

PLEASE NOTE: You must be a HRIA member to attend the Conference, Garden Tours and Dinners

Please PRINT		
Preferred Title: Name:		
Address:		Post Code:
Phone:	Email:	
HRIA Region:		<u> </u>
Preferred Name for Delegate Badge:		
Non-Delegate Partner Name Badge:		
morning, four days of bus transport, dinner Friday and twilight farewell e Delegates to make their own arrange Please tick the box next to your selection:	vent Monday.	
Registration - Early Bird Closing date May 31st, 2025	\$(600
Registration - Standard Closing date August 31st, 2025	\$(650
Gala Dinner Saturday Night	\$	595
	To	otal
Please list any food allergies or dietary requ	irements:	
Accommodation is NOT included in the F	Registration Fee	

Conference events will be held at the Burke and Wills Hotel. Burke and Wills, Oaks and Toowoomba Central Plaza Hotels are located side by side in the city centre. The bus will be able to pick up/drop off along Ruthven St between Alderley St and Burke and Wills at Leichardt Motor Inn, Garden City Motor Inn and City Golf Club Motel - all are suitable for the bus, and have walk-in showers and ground floor rooms or elevators.

Please see reverse

Burke and Wills is offering a 10% discount to Conference delegates and Leichardt will also give 10% discount for stays of 3 or more nights with a party of 6 or more people.

Please provide the name of your accommodation in Toowoomba:

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Do you	have a bus buddy? N	ame/s:		
=	ou give permissio IA Inc. print or so		nages of you captured during the Conference	e
	Yes, image only		□ No	
	Yes, image with na	ame		
Signati	ure:			
PAYN	MENT METHOD)S		
We reg	gret credit card faci	lities are not available.		
*	EFT or DIRECT D		al and surname) and post code on the transfer.	
	Account Name: He	eritage Roses in Australia Inc	<u>.</u>	
	BSB : 062 127	Account No: 10129372	Date Transferred:	
*	CHEQUE: Please	make the cheque payable to	Heritage Roses in Australia Inc.	
EMEI	RGENCY CONT	ACT		
Name:			Relationship:	
Addres	ss:		Post Code:	_
Phone	:	Email	l:	_
	Please re	etain a copy for your records	and return the completed form to:	
HRIA 2	y Bignold 2025 Conference Regi rnes Rd		Email: tiffany.bignold@gmail.com	

Cancellations up to 1 month prior to Conference are eligible for a full refund.

GLENORIE NSW 2157