

GA/Gam-Anon 46th Australian National Conference

“Recovery is”

Where: Novotel Hotel, 350 Church Street, Parramatta, NSW

When: 6:00 pm Friday 20th August to 4.00 pm Sunday 22nd August 2027

Registration from 4:00 pm Friday 20th August 2027

CONFERENCE OPTIONS

Option1	Includes options 3 to 6 plus 2 nights' accommodation with breakfast.	Single - \$690 per person Double/twin - \$495 per person
Option 2	Day-only conference package. Options 3 to 6 below.	\$250.00 per person
Option 3	Friday night – BBQ from 6.00 pm and combined GA/Gam-Anon meeting from 7:30 pm to 9:30 pm.	\$30.00 per person
Option 4	Saturday - Full day conference (8.45am to 4.00pm) including morning and afternoon teas and lunch.	\$85.00 per person
Option 5	Dinner & entertainment 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.	\$85.00 per person

Parking at the hotel is available for \$25 for day and overnight or \$20 for the day only.

Payments

- A minimum deposit of \$50 (\$30 for Friday only) is required with your registration form.
- Registrations after 1st July 2027 only accepted with FULL PAYMENT.
- FINAL PAYMENT is required by Friday 23rd July 2027.

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

Ray S 0421 334 987 or +61 421 334 987

Email ganswconference@gmail.com

Want to stay longer? More to follow with Holiday Information.

PLEASE DO NOT CALL THE NOVOTEL HOTEL WITH ENQUIRIES

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 2027, PO Box 122, Fairfield, NSW, 1860.**

Payment Plan – If you would like to have a regular payment plan in place, please pay your initial deposit on lodgement of your registration form and make a regular deposit to the Bank account noting your first name, initial of your surname and group name. As a guide, if choosing option 1 with a total cost of \$690 for a single with payment over 10 months, the amount payable each month would be \$69.00 and for a double \$ 99.00 per month. Any amount and any frequency of payment will be accepted.

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.

Want to stay longer? More to follow with Holiday Information.