



Online

Thursday 22 July, 2021

1:00pm - 3:30pm AEST

CIP 2.5

**Rising Stars in Insurance** is an interactive seminar and workshop designed to provide young insurance professionals with the relevant career development skills and knowledge.

The seminar will be guided by a panel of industry professionals who will share their experiences and insights on how to **build resilience** and **adapt** to the post-COVID world.

Within small discussion groups, the workshop will enable attendees to increase their confidence when approaching and handling **'difficult conversations'**.

At the end of the seminar, attendees will be able to:

- Recognise ways to identify opportunities that present themselves within their career
- Identify strategies to enhance workplace resilience and manage change
- Understand how to navigate unique challenges within the virtual and physical workplace.

For further information please contact **Kelly Phypers**, Event Manager (03) 9613 7279.

To register and for more information please click here [REGISTER NOW](#)



**KRISTY NICHOLSON**  
**(Facilitator)**  
National Manager, Safety,  
Workforce Strategies  
*Mercer Marsh Benefits*



**KIMBERLEY JONSSON**  
Chief Executive Officer  
*CHU Underwriting Agencies*



**BENJAMIN KARALUS**  
Principal  
*McCabe Curwood*



**DREW SCHNEHAGE**  
Managing Director  
*Innovation Group Australia*



**DANIEL SIRONE**  
Head of Building &  
Restoration Services  
*Sedgwick*



**MORGANA WATERS**  
General Manager,  
Organisational Development  
and Employee Experience  
*QBE*

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VIRTUAL  
SEMINAR

— ANZIIF —  
**RISING STARS  
IN INSURANCE**  
— SEMINAR —

# REGISTRATION FORM / TAX INVOICE

PLEASE COMPLETE FORM IN BLOCK LETTERS. PAYMENT MUST ACCOMPANY REGISTRATION FORM.



ANZIIF

**DATE: THURSDAY 22 JULY 2021**    **VENUE: ONLINE**    **TIME\*: 1:00 PM – 3:30 PM AEST**

\* Please visit [Time and Date](#) to establish the start time in your local time zone.

**PRICING** (PRICES ARE PER REGISTRATION AND ARE INCLUSIVE OF GST.)

|  |                                    |                                       |  |                                    |                                       |                                  |                                   |                                       |
|--|------------------------------------|---------------------------------------|--|------------------------------------|---------------------------------------|----------------------------------|-----------------------------------|---------------------------------------|
| <b>EARLY BIRD MEMBER</b> (ENDS FRIDAY 25 JUNE) | \$95 AUD <input type="checkbox"/>  | \$102.60 NZD <input type="checkbox"/> | <b>EARLY BIRD NON MEMBER</b> (ENDS FRIDAY 25 JUNE) | \$120 AUD <input type="checkbox"/> | \$129.60 NZD <input type="checkbox"/> | <b>GROUP BOOKING (3 OR MORE)</b> | \$95 AUD <input type="checkbox"/> | \$102.60 NZD <input type="checkbox"/> |
| <b>MEMBER</b>                                  | \$104 AUD <input type="checkbox"/> | \$112.32 NZD <input type="checkbox"/> | <b>NON MEMBER</b>                                  | \$130 AUD <input type="checkbox"/> | \$140.40 NZD <input type="checkbox"/> |                                  |                                   |                                       |

**CONTACT DETAILS** (ALL FIELDS ARE COMPULSORY)

|  |              |           |           |               |
|--|--------------|-----------|-----------|---------------|
| TITLE <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR | FIRST NAME   | LAST NAME | MASTER ID | DATE OF BIRTH |
| EMAIL  | ORGANISATION |           | POSITION  |               |
| ADDRESS  | SUBURB/CITY  | STATE     | POSTCODE  | PHONE         |

**REGISTRATION / ATTENDEE DETAILS** (ATTENDEE DETAILS MUST BE PROVIDED BY FRIDAY, 9 JULY TO [CUSTOMERSERVICE@ANZIIF.COM](mailto:CUSTOMERSERVICE@ANZIIF.COM). CONFIRMATION WILL BE SENT TO EMAILS LISTED BELOW)

| NAME            | COMPANY | EMAIL | MASTER ID | MEMBER Y / N  | AMOUNT \$ |
|-----------------|---------|-------|-----------|---|-----------|
|                 |         |       |           | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                 |         |       |           | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                 |         |       |           | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                 |         |       |           | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                 |         |       |           | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
| <b>TOTAL \$</b> |         |       |           |   |           |

**PAYMENT DETAILS**

**THIS DOCUMENT BECOMES YOUR TAX INVOICE WHEN FULLY COMPLETED AND PAYMENT IS MADE. PRICES INCLUDE GST.**

MY REGISTRATION FEE WILL BE PAID BY (PLEASE TICK ONE):  CHEQUE ENCLOSED     CREDIT CARD     EFT

PLEASE DEBIT MY (PLEASE TICK):  VISA     MASTERCARD     DINERS CLUB     AMEX

|                        |             |
|------------------------|-------------|
| CARD NUMBER            | EXPIRY DATE |
| CARDHOLDER'S NAME      | AMOUNT A\$  |
| CARDHOLDER'S SIGNATURE | DATE        |

**CHEQUES TO BE MADE PAYABLE TO:**

**AUSTRALIA**

**ACCOUNT NAME:** AUSTRALIAN AND NEW ZEALAND INSTITUTE OF INSURANCE AND FINANCE  
**BANK:** NATIONAL BANK AUSTRALIA LTD  
**BRANCH:** 330 COLLINS STREET, MELBOURNE  
**BSB:** 083 004    **ACCOUNT NUMBER:** 51511 7195    **SWIFT CODE:** NATAAU3303M

**OR**

**NEW ZEALAND**

**ACCOUNT NAME:** AUSTRALIAN AND NEW ZEALAND INSTITUTE OF INSURANCE AND FINANCE  
**BANK:** BANK OF NEW ZEALAND  
**BRANCH:** WELLINGTON BRANCH  
**ACCOUNT NUMBER:** 02 0500 0550383 025    **SWIFT CODE:** BKNZ22

WHEN PAYING BY EFT, REMITTANCE, DELEGATE NAME/S AND EVENT NAME MUST BE SENT VIA EMAIL TO [CUSTOMERSERVICE@ANZIIF.COM](mailto:CUSTOMERSERVICE@ANZIIF.COM) AND [ACCOUNTS@ANZIIF.COM](mailto:ACCOUNTS@ANZIIF.COM)

**CANCELLATION**

A FULL REFUND LESS 25% SERVICE CHARGE WILL BE MADE FOR CANCELLATIONS ADVISED BY LETTER OR EMAIL UP TO FIFTEEN (15) WORKING DAYS PRIOR TO THE EVENT. REGRETTABLY NO REFUNDS CAN BE MADE AFTER THIS TIME. IN CASE OF EXCEPTIONAL CIRCUMSTANCES PLEASE CONTACT CUSTOMER SERVICE. IN THE EVENT OF A REGISTRANT'S INABILITY TO ATTEND A SUBSTITUTE DELEGATE IS WELCOME. PLEASE EMAIL REPLACEMENT TO [CUSTOMERSERVICE@ANZIIF.COM](mailto:CUSTOMERSERVICE@ANZIIF.COM)

**PRIVACY POLICY** \*Please read carefully

ANZIIF COLLECTS AND STORES YOUR PERSONAL INFORMATION FOR THE PURPOSES OF PROVIDING AND PROMOTING CONTINUING EDUCATION PROGRAMS AND MEMBERSHIP SERVICES. THE INFORMATION YOU PROVIDE WILL NOT BE RELEASED TO ANY OTHER PERSON OR ORGANISATION WITHOUT YOUR CONSENT UNLESS REQUIRED TO DO SO BY LAW. YOUR NAME AND CONTACT INFORMATION MAY BE PROVIDED TO THIRD PARTIES IN ORDER TO ADMINISTER THE EVENT. YOUR INFORMATION AND CONTRIBUTIONS MAY ALSO BE VISIBLE TO OTHER PARTICIPANTS DURING THE EVENT. ANZIIF WILL ON OCCASION BE ASKED TO SUBMIT DELEGATE NAMES AND CONTACT DETAILS TO EVENT SPONSORS.

PLEASE TICK IF YOU DO NOT WISH YOUR NAME AND CONTACT DETAILS TO BE RELEASED TO THE SPONSORS OF THIS EVENT. TO REVIEW ANZIIF'S FULL PRIVACY POLICY GO TO [ANZIIF.COM/ABOUT/PRIVACYSTatement](http://ANZIIF.COM/ABOUT/PRIVACYSTatement)

**EVENT TERMS & CONDITIONS**

FILMING FOR PERSONAL AND PROFESSIONAL PURPOSES IS STRICTLY PROHIBITED. IF FOUND BREACHING ANY OF THE ANZIIF TERMS, ANZIIF RESERVES THE RIGHT TO REMOVE DELEGATES FROM THE EVENT.  
BY ATTENDING THIS EVENT YOU CONSENT TO USE OF FILMING AND PHOTOGRAPHY AT THE DISCRETION OF ANZIIF.

TO CONFIRM YOUR BOOKING, PLEASE COMPLETE THIS FORM WITH PAYMENT AND RETURN TO THE ANZIIF CUSTOMER SERVICE TEAM VIA EMAIL. **EMAIL:** [CUSTOMERSERVICE@ANZIIF.COM](mailto:CUSTOMERSERVICE@ANZIIF.COM) | **PHONE:** +61 (3) 9613 7200