

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE AS TICKETS ARE SELLING FAST: \$565 PER TICKET (Incl. GST)

10% DISCOUNT FOR GROUP BOOKINGS OF 10 OR MORE

CONTACT DETAIL	LS (Person paying the invoice e.g. Account/Fina	ance Departmen	t)
Full Name:			
Position:			
Organisation:			
Organisation Postal Address:			
Contact Phone:	Email:		
EVENT Name:		Event Date:	
Registration Fee:	Amount to be invoice	ed:	
PAYMENT Options:	Invoiced:		
PAYMENT Terms:	Tax invoice will be issued for payment of this registration/s nayment is due and payable within 7 days.	ominated on this boo	king form. The
PARTICIPANTS D	ETAILS (Registrant/s)		
#1			
Full Name:			
Title/Position:			
Contact Phone:	Email:		
#2 Full Name:			
Title/Position:			
Contact Phone:	Email:		
#3			
Full Name:			
Title/Position:			
Contact Phone:	Email:		

PARTICIPANTS DI	ETAILS CONTINUED
#4 Full Name:	
Title/Position:	
Contact Phone:	Email:
#5	
Full Name:	
Title/Position:	
Contact Phone:	Email:
#6	
Full Name:	
Title/Position:	
Contact Phone:	Email:
#7	
Full Name:	
Title/Position:	
Contact Phone:	Email:
#8 Full Name:	
Title/Position:	
Contact Phone:	Email:
#9	
Full Name:	
Title/Position:	
Contact Phone:	Email:
#10	
Full Name:	
Title/Position:	
Contact Phone:	Email:

#11	
Full Name:	
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Title/Position:	
Contact Phone:	Email:
#12	
Full Name:	
Title/Position:	
Contact Phone:	Email:
#13	
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Contact Phone:	Email:
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#14	
Full Name:	
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Contact Phone:	Email:
#15	
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#16	
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#17	
Full Name:	
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Contact Phone: Email:
#24
Full Name:
Full Name: