

Registration Form / Tax Invoice

ABN: 97 336 134 697

This document will be a Tax Invoice for GST purposes when you make full payment.
Please keep a copy for your records

Please complete and return by **Wednesday January 31, 2018** to:
South Australian Press Club, GPO Box 515, ADELAIDE 5001 or
Ph: 0414 261 621 Email: sapressclub@cpaconsult.com.au

Personal Details

Surname: First Name:.....
Organisation:.....
Position/Title.....
Postal Address:.....
..... P/Code.....
Phone:.....Email:.....

The following members/guests will be attending:

1. Name:_____ Position:_____
Company:_____ Telephone:_____

2. Name:_____ Position:_____
Company:_____ Telephone:_____

3. Name:_____ Position:_____
Company:_____ Telephone:_____

Note: For any additional attendees, please attach a separate list

Amount payable and payment method

Cost - \$88.00 per ticket. Working media \$77.00 per ticket (cost includes GST)

Number of tickets required

I enclose a cheque payable to the SAPC for total amount \$ _____ or,
Please debit my Credit Card account \$ _____

Mastercard Visa

Note: We cannot accept American Express or Diners Club Cards

Card Number: _____
Cardholders Name: _____ Expiry Date: _____
Signature: _____