

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 Friday 11 October 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: _____