



THE HANDS-ON PEST MANAGER

NSW Conference 2010

Thursday 3 & Friday 4 June 2010

The Waterview Convention Centre, Bicentennial Park, Sydney Olympic Park, Homebush

REGISTRATION FORM

| | | | | | | | | | | | | | |
|---|-------------------------|---------------|-------------------------|----------------------|--------------------------------|---|---|---|--|--|---------------|------------|--------------|
| Organisation | | | | | | Postal Address | | | | | | | |
| Name of Representative | | | | | | State | | | Postcode | | | | |
| Phone | | | Mobile | | | Fax | | | Email | | | | |
| REGISTRATION FEES (all rates exclude GST) | | | | | | EARLYBIRD: Registration and payment must be received before 30 April 2010 | | | | | | | |
| Delegate Category | | 2 Days | 2 Days Earlybird | 1 Day per day | 1 Day Earlybird Per day | TAX INVOICE ABN 92 003 476 293 | | | | | | | |
| AEPMA member (quote company member number) | | | | | | Please nominate method of payment | | | | | | | |
| Delegate 1 | | \$280 | \$250 | \$160 | \$130 | N/A | <input type="checkbox"/> Mail with cheque to | | AEPMA, GPO Box 4886, Sydney NSW 2001 | | | | |
| Delegate 2 | | \$240 | \$210 | \$120 | \$110 | N/A | <input type="checkbox"/> Direct deposit | | Account: Australian Environmental Pest Managers Association Ltd | | | | |
| Delegate 3 | | \$220 | \$200 | \$110 | \$100 | N/A | | | Bank: Commonwealth Bank of Australia | | | | |
| Additional delegates | | \$110 | \$100 | \$110 | \$100 | N/A | | | BSB: 062 498 Account No: 1007 8663 SWIFT Code: CTBAAU2S | | | | |
| Non member | | | | | | | | <input type="checkbox"/> Online Payment | | I have paid online by credit card (Date paid) | | | |
| Delegate 1 | | \$350 | \$320 | \$190 | \$160 | N/A | <input type="checkbox"/> Please charge my credit card | | Cardholder's name: | | | | |
| Additional delegates | | \$280 | \$260 | \$150 | \$130 | N/A | Fax to 02 9232 8929 | | Card No: / / / | | | | |
| Accompanying partner | | N/A | N/A | N/A | N/A | \$70 | | | Expiry Date: / <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard | | | | |
| | | | | | | Total Payment (incl GST): | | | | | | | |
| | | | | | | Cardholder's signature | | | | | | | |
| Please indicate attendance at conference and functions | | | | | | | | | | | | | |
| Memb No if applicable | Name of Delegate | | | | Category | Special Requirements | No Days | 1 Day Thurs or Fri | Cocktail Party Thurs | Drinks Fri | Amount | GST | Total |
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| TOTAL PAYMENT | | | | | | | | | | | | | |