

Event registration

State of the Capital 2010

Tuesday 20 April 2010, Brisbane Convention and Exhibition Centre, South Brisbane



To register Please complete this form and return it to CEDA by **13/04/10 (1 week before the event)**.
Fax 07 3229 8166 **Email** Benitta.harding@ceda.com.au **Post** GPO Box 2900, Brisbane QLD 4001
 • Registrations close **13/04/10**
 • Confirmation of registration will be given one week before the event.
 Please contact us after that time if your registration has not been confirmed.

Enquiries Please phone Benitta Harding on 07 3121 6433

Registration options	Please tick the required box below	CEDA members and guests	Non-members	Corporate tables (of 10)	
				Members	Non-members
<input type="checkbox"/>	Morning Forum + Lunch	<input type="checkbox"/> \$450 + \$45 GST = \$495.00	<input type="checkbox"/> \$480 + \$48 GST = \$528.00	<input type="checkbox"/> \$4050 + \$405 GST = \$4455.00	<input type="checkbox"/> \$4320 + \$432 GST = \$4752.00
<input type="checkbox"/>	Lunch Session Only	<input type="checkbox"/> \$140 + \$14 GST = \$154.00	<input type="checkbox"/> \$170 + \$17 GST = \$187.00	<input type="checkbox"/> \$1310 + \$131 GST = \$1441.00	<input type="checkbox"/> \$1610 + \$161 GST = \$1771.00

Payment options **Full payment is required before the event.**
 Cheque I enclose a cheque made payable to CEDA for \$ _____
 EFT Please email: Benitta.harding@ceda.com.au with remittance advice quoting reference Q100420

Account name: Committee for Economic Development of Australia
Bank: NAB, 330 Collins Street, Melbourne 3000
BSB: 083 004 **Account No:** 515113346

Credit card MasterCard Visa Amex Diners Club

Credit card number _____ Expiry date _____

Amount \$ _____ Name on Card _____

CEDA ABN 49 008 600 922

This form becomes a tax invoice/receipt when you make payment. A separate tax invoice will not be issued.

Confirmation

- Please provide an email address below in order for us to forward written confirmation of your registration, **which will be sent approximately one week before the event.**
- Please contact us if you do not receive confirmation.
- If registrations are closed you will be contacted immediately.

Registration details

First name _____ **Last name** _____

Position _____

Company _____

Phone _____ Email _____

Dietary requirements _____

First name _____ **Last name** _____

Position _____

Company _____

Phone _____ Email _____

Dietary requirements _____

Please photocopy this form if you are registering more than two delegates.

Corporate tables

- Please supply contact details of the organiser of the corporate table on your registration form. A confirmation email will be sent, and your complete list of guest details will be required at least one week before the event.

Cancellation policy

- Cancellations received by **Tuesday 13 April 2010 (1 week before)** will be refunded in full.
- Full payment is required for any cancellation received after this date or for non-attendance on the day.
- Substitutions may be made at any time.
- All cancellations and changes must be forwarded in writing (by email or fax).

Privacy

- CEDA collects this information to conduct our business, and it will not be passed to other organisations.
- Photography and audio recording may take place at CEDA events and may be reproduced in CEDA publications or on our website.

