

Event registration form and tax invoice*



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Tuesday 7 September, 2010 12.00pm to 2:00pm, Brisbane Convention & Exhibition Centre, South Brisbane

To register	Registrations close 5pm, Tuesday 31 August, 2010 (unless sold out prior). Fax 07 3041 6575 Email daniella.reitano@ceda.com.au Post GPO Box 2900, Brisbane QLD 4001 • Confirmation of registration will be given <u>one week before the event</u> . Please contact us after that time if your registration has not been confirmed.	
Enquiries	Please phone Daniella Reitano on 07 3229 9955	
Registration options	CEDA members and guests <input type="checkbox"/> \$140.00 + \$14.00 GST = \$154.00 per person <input type="checkbox"/> \$1310.00 + \$131.00 GST = \$1441.00 table x 10	Non Members <input type="checkbox"/> \$170+ \$17.00GST = \$187.00 per person <input type="checkbox"/> \$1610.00 + \$161.00 GST = \$1771.00 table x 10
Payment options	Full payment is required before the event. <input type="checkbox"/> Cheque I enclose a cheque made payable to CEDA for \$ _____ <input type="checkbox"/> EFT Please email benitta.harding@ceda.com.au with remittance advice quoting reference Q100907 Account name: Committee for Economic Development of Australia Bank: NAB, 330 Collins Street, Melbourne 3000 BSB: 083 004 Account No: 515113346 <input type="checkbox"/> Credit card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> 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	<ul style="list-style-type: none"> ▪ 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	Mr / Ms / Mrs _____ First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ Mr / Ms / Mrs _____ First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ <p style="text-align: right; font-size: small;">Please photocopy this form if you are registering more than two delegates.</p>	
Corporate tables	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Cancellations received by 5.00pm, 31 August 2010 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	<ul style="list-style-type: none"> • 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. 	