

Event registration form and tax invoice*



COAG capital cities review

Friday 11 March, 2011 11.45am to 2:00pm, Brisbane Marriott Hotel

To register	Registrations close 5pm, Friday 4 March, 2011 (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
	Non Members
	<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
	<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 accounts.receivable@ceda.com.au with remittance advice quoting reference Q110311 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 _____
	Please photocopy this form if you are registering more than two delegates.
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, 4 March 2011 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.

