

AILA AWARDS DINNER

Friday 19 November 2004

7.00pm ZINC @ FED SQUARE



REGISTRATION FORM / TAX INVOICE

ABN 84 008 531 851

(On receipt of payment, this registration form will act as a TAX INVOICE for payments less than \$1000)

Contact Person _____

Company _____

Tel _____

Fax _____

Email _____

Please reserve me a table of 10

Please arrange seating for me

Guest name

Organisation

\$

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

TOTAL

\$

Dietary Requirements

Please mark with a V or D next to the name above

Vegetarian meal required

No. required _____

Other dietary requirements

Specify _____

Payment

\$ 126.50 per head (inc GST)

\$ 99.00 students with copy of student ID

Cheque (payable to AILA)

Bankcard

Mastercard

VISA

Card No. _____

Cardholder Signature _____

Expiry _____

Mail to: AILA

Level 2, 99 Coventry Street

South Melbourne VIC 3204

Tel: 03 9645 7777

Fax: 03 9645 7771

Email: aila@conceptmem.com.au

Conditions

1. Written confirmation essential. Payment is required by Friday 12 November 2004.
2. No table booking will be confirmed until payment is received.
3. No refunds given for cancellation after 12th November 2004.
4. Substitution of guests is permitted.
5. Please advise name and organisation of all guests.

RSVP Friday 12 November 2004