

**Registration Form / Tax Invoice**

**ABN: 97 336 134 697**

This document will be a Tax Invoice for GST purposes when you make full payment.  
Please keep a copy for your records

Please complete and return by Friday 14 June to:  
South Australian Press Club, GPO Box 515, ADELAIDE 5001 or  
Ph: 0414 261 621 Email: [sapressclub@cpaconsult.com.au](mailto:sapressclub@cpaconsult.com.au)

**Personal Details**

Surname: ..... First Name:.....  
Organisation:.....  
Position/Title.....  
Postal Address:.....  
..... P/Code.....  
Phone:.....Email:.....

**The following members/guests will be attending:**

1. Name:\_\_\_\_\_ Position:\_\_\_\_\_   
Company:\_\_\_\_\_ Telephone:\_\_\_\_\_   
2. Name:\_\_\_\_\_ Position:\_\_\_\_\_   
Company:\_\_\_\_\_ Telephone:\_\_\_\_\_   
3. Name:\_\_\_\_\_ Position:\_\_\_\_\_   
Company:\_\_\_\_\_ Telephone:\_\_\_\_\_

Note: For any additional attendees, please attach a separate list

**Amount payable and payment method**

Cost - \$88.00 per ticket. Working media \$77.00 per ticket (cost includes GST)

Number of tickets required .....

I enclose a cheque payable to the SAPC for total amount \$ \_\_\_\_\_ or,

Please debit my Credit Card account \$ \_\_\_\_\_

Mastercard  Visa

Note: We cannot accept American Express or Diners Club Cards

Card Number:\_\_\_\_\_

Cardholders Name:\_\_\_\_\_ Expiry Date:\_\_\_\_\_

Signature:\_\_\_\_\_