

**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 30 April 2021:**

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 - \$99.00 per ticket. Working media \$88.00 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:\_\_\_\_\_