

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 **Tuesday 14 January 2025:**

Email: susan@cpaconsult.com.au Phone inquiries:0414 261 621

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 additional attendees, please attach a separate list and advise any dietary requirements.

Amount payable and payment method

Cost - \$110.00 per ticket. Working media \$99.00 per ticket (cost includes GST)

Number of tickets required

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:_____