

PROFESSIONAL DEVELOPMENT PROGRAM

PLEASE REGISTER BY FILLING OUT THE FORM BELOW

FAX BACK TO : 02 9850 4787 EMAIL : events@hargraves.com.au

Primary Contact

Name :	
Company :	
Position :	
Address :	
Phone :	Email :

Registrations

Please tick which Module/s is being attended

Name	Position	Email	Day 1 Module 1	Day 2 Module 2 & 3

Location/Venue

Sydney : Day 1 – 3 July 2008 : Day 2 – 4 July 2008 – Roche, 4-10 Inman Road, Dee Why

Payment

Module 1	Members \$600 plus GST	= \$660 x		(No. attending) = \$	
Module 2 & 3	Members \$600 plus GST	= \$660 x		(No. attending) = \$	
Module 1	Non Members \$900 plus GST	= \$990 x		(No. attending) = \$	Payment Grand Total
Module 2 & 3	Non Members \$900 plus GST	= \$990 x		(No. attending) = \$	

METHOD OF PAYMENT (Unnotified cancellations will incur a 25% cancellation fee)

Please send me an invoice

I have enclosed a cheque made payable to Hargraves Institute Pty Ltd. Please issue tax invoice

I have made an EFT payment and will send you email confirmation of EFT to accounts@hargraves.com.au. Please issue Tax Invoice

Redeem Pre-Purchase Member Pack ticket(s)

Account Name: Hargraves Institute Pty Ltd **Account No.** 10204357 **Bank:** Commonwealth Bank **Branch:** Pennant Hills **BSB:** 062 225

Please charge my credit card (please circle): **AMEX** **MasterCard** **Visa**

Card number: _____ / _____ / _____ / _____ Card Expiry Date: ____ / ____

Cardholder's Name (please print): _____ Signature: _____

Cardholder's Telephone Number: _____ Email Address: _____

Please note that credit card charges will appear on your statement as Hargraves Pty Ltd. There is a 4% handling fee for all credit card transactions.

A Tax Invoice/receipt will be issued to the cardholder after the transaction has been completed. Account enquiries phone 02 9850 4745

This Registration Form must be complete and submitted for confirmation of registration
Enquiries email: events@hargraves.com.au Phone: 02 9850 4746 / Fax: 02 9850 4787