

Event registration form and tax invoice*

Innovation investment return | Prof Silviu Itescu Mesoblast, Peter Williams Deloitte

Friday, 2 September 2011, Stamford Plaza Brisbane

To register	Registrations close 5pm, 26 August 2011 (unless sold out prior). Fax 3041 6575 Email daniella.reitano@ceda.com.au Post GPO Box 2900, Brisbane QLD 4001 • Confirmation of registration will be given <u>one week before the event</u> . Please contact us after that time if your registration has not been confirmed.	
Enquiries	Please phone Daniella Reitano on 07 3229 9955	
Registration options	CEDA members and guests <input type="checkbox"/> \$140 + \$14 GST = \$154.00 per person <input type="checkbox"/> \$1310 + \$131 GST = \$1441.00 table x 10	Non Members <input type="checkbox"/> \$170+ \$17 GST = \$187.00 per person \$1610+ \$161 GST = \$1771.00 per person
	Full payment is required before the event. <input type="checkbox"/> Cheque I enclose a cheque made payable to CEDA for \$ _____ <input type="checkbox"/> EFT Please email daniella.reitano@ceda.com.au with remittance advice quoting reference Q110902 Account name: Committee for Economic Development of Australia Bank: NAB, 330 Collins Street, Melbourne 3000 BSB: 083 004 Account No: 515113346 <input type="checkbox"/> Credit card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club Credit card number _____ Expiry date _____ Amount \$ _____ Name on Card _____	
	CEDA ABN 49 008 600 922 *This form becomes a tax invoice/receipt when you make payment. A separate tax invoice will not be issued.	
Confirmation	• Please provide an email address below in order for us to forward written confirmation of your registration, which will be sent approximately one week before the event. • Please contact us if you do not receive confirmation. • If registrations are closed you will be contacted immediately.	
Registration details	Mr / Ms / Mrs _____ First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ Mr / Ms / Mrs _____ First name _____ Last name _____ Position _____ Company _____ Phone _____ Email _____ Dietary requirements _____ <p style="text-align: right;">Please photocopy this form if you are registering more than two delegates.</p>	
Corporate tables	• Please supply contact details of the organiser of the corporate table on your registration form. A confirmation email will be sent, and your complete list of guest details will be required one week before the event.	
Cancellation policy	• Cancellations received by 5.00pm, 26 August 2011 will be refunded in full. • Full payment is required for any cancellation received after this date or for non-attendance on the day. • Substitutions may be up to 3 days prior to the event • All cancellations and changes must be forwarded in writing (by email or fax).	
Privacy	• CEDA collects this information to conduct our business, and it will not be passed to other organisations. • Photography and audio recording may take place at CEDA events and may be reproduced in CEDA publications or on our website.	