Event registration form



2012 Agriculture Review

Thursday 1 November, 11.45am for 12pm to 2pm, Hilton Adelaide, Vic Sq

| To register | Please complete this form and return it to CEDA by COB Tuesday 30 October 2012 Fax 08 8211 8222 Email hamilton.calder@ceda.com.au Post PO Box 8248 Station Arcade SA 5000 | | | | | | | |
|------------------------|---|-------------------------|-------------|-------|-----------------------|-----------|------------------------|--|
| | •Confirmation of registration will be given one week before the event. Please contact CEDA is this does not occur. | | | | | | | |
| Enquiries | Please phone Hamilton Calder on 08 8211 7222 | | | | | | | |
| Registration | (all prices include GST) | | Individual | | Corporate tables of 8 | | Corporate Tables of 10 | |
| | CEDA Member | | □ \$165pp | | □ \$1,200 | | □ \$1,500 | |
| | Non-member | | □ \$220pp | | □ \$1,600 | | □ \$2,000 | |
| Payment | Full payment is required before the event. | | | | | | | |
| options | □ Cheque I enclose a cheque made payable to CEDA for \$ | | | | | | | |
| | Please email hamilton.calder@ceda.com.au with remittance advice quoting reference Account name: Committee for Economic Development of Australia Bank: NAB, 330 Collins Street, Melbourne 3000 BSB: 083 004 Account No: 515113346 | | | | | | | |
| | □ Credit card | □ MasterC | Card □ Visa | □ Ame | ex 🗆 Diı | ners Club | | |
| | Credit card number Expiry date Amount \$ Name on Card | | | | | | | |
| | | | | | | | | |
| | CEDA ABN 49 008 | 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 | First name Last name | | | | | | | |
| | Position Company PhoneEmail Dietary requirements | | | | | | | |
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| | | | | | | | | |
| | First nameLast name | | | | | | | |
| | Position | | | | | | | |
| | Company | | | | | | | |
| | Phone Email | | | | | | | |
| | Dietary requirements | | | | | | | |
| | Please photocopy this form if you are registering more than to | | | | | | | |
| 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 at least one week before the event. | | | | | | | |
| Cancellation policy | Cancellations received by Thursday 25 October 2012 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 made at any time. 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. | | | | | | | |