



# REGISTRATION FORM

Event Date >> **Thursday 30th September 2010**

Guest Speaker >> **Guest Speaker - Michael Schaper**

*Deputy Chair*

*Australian Competition & Consumer Commission*

**"Consumers, Contracts and Cartels**

**- Smart Tips for Smart Businesses & Community Organisations"**

**TAX INVOICE\***

**Please complete this form and fax to (03) 9467 8310**

**Please register \_\_\_\_\_ place(s) at \$50.00 per person for the 30th September Breakfast 6.45am - 9.00am.**

**Name(s) of Attendees:**

1. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

4. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

5. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Phone (BH):** \_\_\_\_\_ **Fax (BH):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Payment Method:**

Cheque If paying by cheque please make payable to "NORTH Link" and post to the address below.

**Credit Card**

MasterCard  Visa

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Please complete and return this form to:**

**Northern Business Achievement Awards**

Email: d.redmond@latrobe.edu.au

Fax: (03) 9467 8310

Post: P.O. Box 103 Coburg Victoria 3058

**For Catering purposes please RSVP by Friday 24th September 2010 advising any dietary requirements.**

**\*On completion and payment this form constitutes as a valid "Tax Invoice" and/or "Adjustment Note". ABN: 23 226 473 941.**

*All amounts are in Australian dollars and include 10% Goods & Services Tax (GST). For cancellation statement please see the website www.nbaa.com.au.*