



WORKCOVER NSW SAFEWORK AWARDS CEREMONY & DINNER 2009

WEDNESDAY 28 OCTOBER 2008, 7.00PM

BOOKING FORM

A. PERSONAL DETAILS

(please print clearly)

Dr, Mr, Mrs, Ms, Miss (please circle)

First Name _____ Surname _____

Position _____

Organisation _____

Business Address _____

Suburb _____ State _____ Postcode _____

Telephone _____ Fax _____

Email _____

B. WORKCOVER NSW SAFEWORK AWARDS DINNER & CEREMONY 2009

Commences 7pm, Wednesday 28 October at Rosehill Garden's Grand Pavilion, Grand Avenue, Rosehill

Dress code: Black tie

			Total
No. of guests	_____ x \$120 inc GST	\$	_____
Table of Ten			
No of tables	_____ x \$1080 inc GST	\$	_____
Dinner Total		\$	<input type="text"/>

Please specify if you have any dietary requirements _____

Please note any seating requests _____

If booking a table or multiple guests, please provide guest names with your booking.

C. PAYMENT

Registration without payment will NOT be processed. Faxed registrations must include full credit card details.

CREDIT CARD DETAILS

Please charge my: Mastercard/Visa

Card Number

Cardholder's Name: _____ Amount to be Charged: \$ _____

Signature: _____ Expiry Date: _____

CHEQUE DETAILS

I enclose payment of \$ _____ (Cheque made payable to **Safety Institute of Australia**)

D. RETURN REGISTRATION TO:

WorkCover NSW Safety Awards Dinner
C/- Australian Exhibitions & Conferences Pty Ltd
PO Box 82 Flinders Lane Melbourne VIC 8009 Australia
OR Fax 03 9654 5596

Enquiries: Tel 03 9654 7773 Fax 03 9654 5596
Email safetyconference@aec.net.au Web www.thesafetyshow.com