

# Registration



Tax Invoice Date: 1st July 2009  
Australasian Mutuals Institute Ltd  
ABN: 50 023 683 196  
Level 2, 36-38 Victoria Street, Burwood NSW 2134  
(PO Box 525, Burwood NSW 1805)

## Details

Title:	Name:	Surname:
Partner Title:	Name:	Surname:
Position:		
Organisation:		
Business Address:		
	State:	Postcode:
Phone:	Fax:	Email:

## 1. Registration Fees

	Non Member	Member	Member CU <\$100m assets	
Conference Registration prior to 10th July	<input type="checkbox"/> \$825	<input type="checkbox"/> \$715	<input type="checkbox"/> \$660	\$
Conference Registration after 10th July	<input type="checkbox"/> \$935	<input type="checkbox"/> \$825	<input type="checkbox"/> \$770	\$
			<b>Subtotal 1</b>	\$

Conference Registration fees cover attendance at the Conference plus lunches on Saturday and Sunday, morning and afternoon teas where served on each day. Registration Fees do not include dinner on Saturday evening.

Delegates please tick here  if you will be staying for lunch on Sunday

## 2. Conference Dinner Saturday Evening \$99 per person

Delegate  Partner

**Subtotal 2** \$

## 3. Partner's Lunch @\$30 per person per day

Saturday  Sunday

**Subtotal 3** \$

**Total 1, 2 & 3** \$

## ACCOMMODATION

PLEASE COMPLETE THE ENCLOSED ACCOMMODATION BOOKING FORM AND RETURN DIRECT TO MARRIOTT SURFERS PARADISE WITH ONE NIGHTS ACCOMMODATION DEPOSIT.

## PAYMENT OPTION

Authorise AMInstitute Ltd to debit Cuscal Ltd S1 Account No: \_\_\_\_\_

Authorising Officer: \_\_\_\_\_ Signature: \_\_\_\_\_

Cheque enclosed in the amount of \$ \_\_\_\_\_

OR

Please charge my credit card facility in the amount of \$ \_\_\_\_\_

Visa

Mastercard

Amex

Diners

**(Credit Card Payments will attract a fee of 3%)**

Credit Card Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

OR

Via EFT

Credit Union: Credit Union Australia Ltd

Branch: Burwood

BSB: 804050

Account No: 30686942

Account: AMInstitute Ltd

Quote Reference: LDC 2009

THE TOTAL PRICE INCLUDES 10% GST.  
THIS DOCUMENT WILL BE A TAX INVOICE  
FOR GST WHEN YOU MAKE PAYMENT

Please Use One Registration Form  
Per Person, Photocopy If Additional  
Forms Are Needed



PLEASE RETURN A COPY OF YOUR REGISTRATION WITH PAYMENT TO

Kelly Kelley, Australasian Mutuals Institute Ltd (AMInstitute Ltd),

PO Box 525 Burwood NSW 1805

Ph: 02 9744 5717

Fax: 02 9744 5752

Email: info@aminstitute.org.au