



STATE CONFERENCE - 8 DECEMBER 2008

Registration Form / Tax Invoice
(OUTDOORS WA INC. - ABN 266 239 388 16)

Name	<input type="text"/>	Organisation	<input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

REGISTRATION DETAILS	COSTS (INC. GST)	MY COSTS							
<input type="checkbox"/> Standard Conference Package Tea and coffee on arrival, lunch, morning tea, exhibitions, hospitality and Conference Program	MEMBER \$195 NON MEMBER \$225								
<input type="checkbox"/> Student Conference Package Tea and coffee on arrival, lunch, morning tea, exhibitions and Conference Program	\$110								
MY TOTAL COST									
SELECTIONS (PLEASE CIRCLE YOUR PREFERENCES)									
WORKSHOP SESSION A:	I	2	3	4	5				
WORKSHOP SESSION B:	I	2	3	4	5				
WORKSHOP SESSION C:	I	2	3	4	5				
HOSPITALITY AND FELLOWSHIP:	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO				
OUTDOORS WA ANNUAL GENERAL MEETING (MEMBERS ONLY):	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO				
SUNDAY DECEMBER 7 CAMP OUT	<input type="checkbox"/>	YES		<input type="checkbox"/>	NO				
NOLRS CLINICS (SELECT 1 ST AND 2 ND PREFERENCES)	A	B	C	D	E	F	G	H	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MY SPECIAL DIETARY REQUIREMENTS									

NAME ON CARD

SIGNATURE

VISA MASTERCARD BANKCARD

CARD NO. EXPIRY: /

THIS REGISTRATION FORM IS YOUR TAX INVOICE - PLEASE COPY FOR YOUR RECORDS

FAX TO: (08) 9248 5799

POST WITH YOUR PAYMENT TO: PO Box 414 GREENWOOD WA 6924