

Lock & Security Expo 2009

Acer Arena, Sydney Olympic Park
8th-10th October



REGISTRATION

PROVIDE PERSONAL DETAILS – Block Letters

Title Mr Ms Miss
Family Name
Given Name
Position
Organisation
Postal Address
City State Postcode
Country
Telephone (.....) Facsimile (.....)
Mobile
Email

CONFIRM CONFERENCE REGISTRATION TYPE

Please note the Official Opening, the Gala Dinner and all free training classes are included in these registration fees. Prices include GST.

	Before June 30	After June 30
Main Delegate	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575
Accompanying Partner	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Accompanying Delegate 1	<input type="checkbox"/> \$385	<input type="checkbox"/> \$425
Accompanying Delegate 2	<input type="checkbox"/> \$385	<input type="checkbox"/> \$425
Accompanying Delegate 3	<input type="checkbox"/> \$385	<input type="checkbox"/> \$425
TOTAL \$	_____	

OPTIONAL EXTRAS

Official Opening \$99
(includes celebrity speaker)
Expo Day Pass \$145
Sydney Harbour Cruise \$88
CBD Bus Trip – High Tea \$66
Gala Awards Dinner \$145
Bathurst Races Breakfast user pays

ATTENDANCE

Will you be attending the following events?

Annual General Meeting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Official Opening (includes celebrity speaker)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sydney Harbour Cruise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CBD Bus Trip – High Tea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gala Awards Dinner	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ACCOMPANYING SPOUSE / PARTNER DETAILS

Family Name
Given Name

ACCOMPANYING DELEGATE DETAILS

1. Family Name
Given Name
2. Family Name
Given Name
3. Family Name
Given Name

DIETARY REQUIREMENTS

Please specify if you have any special meal requirements.

Name
Details

PAYMENT SECTION

Method of Payment (tick appropriate box)

- Cheque (cheques should be made payable to Master Locksmiths Association of Australasia Ltd.)
- Electronic Funds Transfer
Account name: Master Locksmiths Association
ANZ Bank BSB 013-410 ACCOUNT NO. 3001 70239
Please mail/fax copy of bank receipt with this form.
- Credit card

Select your card type: Visa MasterCard

Card No. _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Name of Cardholder

Expiry Date CCV No.

GRAND TOTAL

REGISTRATION + OPTIONAL EXTRAS

TOTAL \$ _____

Please return form and payment to:

**Master Locksmiths Association of Australasia Ltd.
Suite 213, 370 St. Kilda Road, Melbourne, Victoria 3004**

Or Fax back to: 03 9645 9997

ABN 26 008 578 603

GST

All prices include GST.

This form becomes a Tax Invoice for GST purposes upon payment.

Please keep a copy for your records.



Master Locksmiths
ASSOCIATION OF AUSTRALASIA