2018 NATIONAL CONFERENCE

Australian Institute of Credit Management

EQUIFAX

2018 Conference Delegate Registration form

ABN: 79 008 455 758

17th – 19th October 2018

TAX INVOICE

Personal Details (please print clearly)

Title: _____ Given name: _____ Surname: _____

Company: _____ Job title: _____

Billing address: _____

Work Ph: _____ Email: _____

Dietary needs: _____

Registration and fees (All prices include GST) – Conference Registration includes dinner

	Members	Non Members
Conference only	☐ $1,435	☐ $1,750
Conference & Leadership Forum combined	☐ $1,720	☐ $2,070
Leadership Forum only	☐ $430	☐ $495
President's Dinner only – Thursday 18th October	☐ $220	☐ $250

Please indicate if you are attending the **President's Dinner** (included in conference registration fee)	☐ Yes	☐ No

NOTE: ***If you pay non-member price for a full conference registration you will be eligible for membership commencing from the conclusion of the conference.***

Please find enclosed cheque of $..... **OR** I authorise $..... to be deducted from my credit card

☐ Cheque ☐ Mastercard ☐ Visa ☐ Amex Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Security No.: ..... Exp. Date: ...../..... Cardholder's Name: ..... Signature: .....

EFT Details: Commonwealth Bank, Artarmon BSB 062 104 Account no 1003 9560. **Fax** this full page to AICM 02 9906 5686 to confirm your conference attendance. **Or post to:** Australian Institute of Credit Management – Suite 303, 1-9 Chandos Street, St Leonards NSW 2065

2018 NATIONAL CONFERENCE

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2018 Partners and Guests Registration form

ABN: 79 008 455 758

17th – 19th October 2018

TAX INVOICE

Please complete one form per person

Partner or guest details (please print clearly)

Title: _____ Given name: _____ Family name: _____

Company (if applicable): _____

Dietary requirements: _____

Bill to (name): _____ Signature: _____

Billing address: _____

Registration and fees (All prices include GST)

President's Dinner
Thursday 18th October 2018 ☐ $220 Per Person, Members ☐ $250 Per Person, Non Members

Please find enclosed cheque of $..... **OR** I authorise $..... to be deducted from my credit card

☐ Cheque ☐ Mastercard ☐ Visa ☐ Amex

Card No: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| Security No.: ..... Exp: ...../.....

Card Holder's Name: ..... Signature: .....

EFT details: Commonwealth Bank, Artarmon BSB 062 104 Account no 1003 9560

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