

2017 Conference Delegate Registration form

ABN: 79 008 455 758

11th - 13th October 2017

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	<input type="checkbox"/> \$1,330	<input type="checkbox"/> \$1,635
Conference & Leadership Forum combined	<input type="checkbox"/> \$1,615	<input type="checkbox"/> \$1,970
Leadership Forum only	<input type="checkbox"/> \$400	<input type="checkbox"/> \$490
President's Dinner only - Thursday 12th October	<input type="checkbox"/> \$220	<input type="checkbox"/> \$250

Please indicate if you are attending the President's Dinner (included in conference registration fee)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate if you will like transport to and from the dinner venue	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

2017 Partners and Guests Registration form

ABN: 79 008 455 758

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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 12th October 2017 \$220 Per Person, Members \$250 Per Person, Non Members

Please indicate if you will like **transport** to and from the dinner venue Yes No

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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