

## Early Bird ~ Closes 31 August 2017

### 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	
	Early Bird (Closes 31.8.17)	Normal	Early Bird (Closes 31.8.17)	Normal
<b>Conference only</b>	<input type="checkbox"/> \$1,210	<input type="checkbox"/> \$1,330	<input type="checkbox"/> \$1,535	<input type="checkbox"/> \$1,635
<b>Conference &amp; Leadership Forum combined</b>	<input type="checkbox"/> \$1,495	<input type="checkbox"/> \$1,615	<input type="checkbox"/> \$1,840	<input type="checkbox"/> \$1,970
<b>Leadership Forum only</b>	<input type="checkbox"/> \$385	<input type="checkbox"/> \$400	<input type="checkbox"/> \$475	<input type="checkbox"/> \$490
<b>President's Dinner only</b> - Thursday 12th October	<input type="checkbox"/> \$220		<input type="checkbox"/> \$250	
Please indicate if you are attending the <b>President's Dinner</b> (included in conference registration fee)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Please indicate if you will like <b>transport</b> 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

## Early Bird ~ Closes 31 August 2017

### *2017 Partners and Guests Registration form*

ABN: 79 008 455 758

11th - 13th October 2017

**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 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

**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