2017 NATIONAL CONFERENCE

Australian Institute of CREDIT MANAGEMENT

EQUIFAX

Austral

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*
Conference only	☐ $1,210	☐ $1,330	☐ $1,535	☐ $1,635
Conference & Leadership Forum combined	☐ $1,495	☐ $1,615	☐ $1,840	☐ $1,970
Leadership Forum only	☐ $385	☐ $400	☐ $475	☐ $490
President's Dinner only – Thursday 12th October	☐ $220		☐ $250	

Please indicate if you are attending the **President's Dinner** (included in conference registration fee)	☐ Yes	☐ No
Please indicate if you will like **transport** to and from the dinner venue	☐ 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

2017 NATIONAL CONFERENCE

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2017 Partners and Guests Registration form

ABN: 79 008 455 758

11th – 13th October 2017

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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: ...../.....

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