

Early Bird ~ Closes 31 August 2018

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	
	<i>Early Bird</i> (Closes 31.8.18)	<i>Normal</i>	<i>Early Bird</i> (Closes 31.8.18)	<i>Normal</i>
Conference only	<input type="checkbox"/> \$1,310	<input type="checkbox"/> \$1,435	<input type="checkbox"/> \$1,620	<input type="checkbox"/> \$1,750
Conference & Leadership Forum combined	<input type="checkbox"/> \$1,595	<input type="checkbox"/> \$1,720	<input type="checkbox"/> \$1,940	<input type="checkbox"/> \$2,070
Leadership Forum only	<input type="checkbox"/> \$405	<input type="checkbox"/> \$430	<input type="checkbox"/> \$490	<input type="checkbox"/> \$495
President's Dinner only - Thursday 18th October	<input type="checkbox"/> \$220		<input type="checkbox"/> \$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

Early Bird ~ Closes 31 August 2018

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

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