Geelong Chapter Member Lunch Monday, 7 July 2014

Attendee 1

| Name | Financial F |
|-----------------------------------|--------------------------|
| Company | of Australi ABN 62 05 |
| Address | 11 June 2 |
| Phone | Event |
| Email | Per |
| Dietary requirements | 101 |
| FPA Member No Yes - Member ID: | Progra |
| Attendee 2 | _ |
| Name | Date Monday, |
| Company | Time |
| Address | 12:30pm |
| Phone | 2:00pm |
| Email | Venue |
| Dietary requirements | Dromola 258 Pack |
| FPA Member No Yes - Member ID: | Geelong |
| Attendee 3 | Cost FPA Mer |
| Name | Non Men *Includes |
| Company | |
| Address | RSVP by Monday, |
| Phone | To boo |
| Email | 10 000 |
| Dietary requirements | FPA Eve GPO Box |
| FPA Member No Yes - Member ID: | Sydney N Phone Fax |
| Payment | Email |
| MasterCard Visa | Web |
| Card number / / / | |
| Expiry date CVV | |
| Cardholder name | |
| | |
| Cardholder signature | |
| Amount (GST inclusive) \$Date2014 | |

Charges: Member rates are based on individual membership only. The applicable rate will be determined at the time of processing & charged ac-cordingly. If you indicated you are an FPA Member but our records show otherwise you will be charged the non member rate.

Cancellation Policy: No refund will be available where cancellations are made after the RSVP date, and/or where there has been non-attendance on the day. A substitute delegate may attend in place of the original nominated delegate.

Privacy Policy: Information collected on this form is used to arrange and cater for this event, and may be stored for analysis and planning for future events. The FPA may in some instances disclose some of this information (i.e. name & company of delegate only) to the event supporter for marketing purposes. Please refer to the FPA privacy policy on the website: www.fpa.asn.au

Please tick if you do not want your details provided to the event supporter.

Disclaimer: Participation in FPA events is wholly at the risk of the attendee. The attendee agrees that he/she will not hold the FPA liable for any illness, personal injury or loss of property sustained during or as a result of taking part in an FPA event, whether caused by the negligence or misconduct of FPA or its servants and agents. You will be required to sign a Disclaimer Form on the day of the event for any outdoor activities.



FINANCIAL PLANNING ASSOCIATION *of* AUSTRALIA

| Tax invoice |
|--------------------------------|
| Financial Planning Association |
| of Australia Limited |
| ABN 62 054 174 453 |
| 11 June 2014 |

Partner

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7 July 2014

Registration & Presentation Close

nd House kington Street VIC

mber: \$15.00 mber: \$25.00 s lunch

30 June 2014

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| FPA Events | | |
|------------|--------------------|--|
| GPO Bo | x 4285 | |
| Sydney | NSW 2001 | |
| Phone | (02) 9220 4529 | |
| Fax | (02) 9220 4582 | |
| Email | events@fpa.asn.au | |
| Neb | fpa.asn.au/events/ | |