Registration Form Gala presentation dinner

Friday, 28 August Wrest Point Conference Centre, Hobart

Tasmanian Training Awards 2015





Skills Tasmania Department of State Growth

2015 TASMANIAN TRAINING AWARDS

FRIDAY, 28 AUGUST - TASMAN ROOM, WREST POINT CONFERENCE CENTRE, HOBART

TAX INVOICE ON PAYMENT - DEPARTMENT OF STATE GROWTH ABN 36 388 980 563

Please complete this form and return it to: Tasmanian Training Awards, Skills Tasmania, GPO Box 536, Hobart, 7001

or email to: jacqui.maclaine@skills.tas.gov.au

| NAME | | |
|---------------------------------|----------|--|
| ORGANISATION (if applicable) | | |
| POSTAL ADDRESS | | |
| | POSTCODE | |
| PHONE | | |
| MOBILE | | |
| EMAIL | | |

| TICKET | | QUANTITY | TOTAL | | |
|---|-----------------|----------|-------|--|--|
| Ticket @ \$115 each | (including GST) | | \$ | | |
| Table of 10 @ \$1050 | (including GST) | | \$ | | |
| Ticket price includes three course meal, drinks, entertainment and souvenir programme | | | | | |

Please provide the name of each ticket holder (transferable)

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|---|----|--|
| 2 | 7 | |
| 3 | 8 | |
| 4 | 9 | |
| 5 | 10 | |

SPECIAL REQUIREMENTS: Please note any special requirements - dietary, medical, wheelchair access, etc

| I would like to sit with/ | near | | | | |
|--|-----------------|------------|--|--------------|--|
| | | | | | |
| PAYMENT METHOD | S: | | | | |
| Cheque/Mone | ey Order made p | | nian Training Awards | | |
| Please debit my card with the amount owing on this form. | | | | | |
| | VISA | MasterCard | (please circle) | | |
| Cardholder's Name: | | | | | |
| Card Number: | | | | Expiry Date: | |
| Signature: | | | | | |
| CANCELLATION PO | | | ing prior to Friday, 21 August v made only in exceptional circu | | |