

CONFERENCE 2018 REGISTRATION FORM / INVOICE

DETAILS

Organisation		ABN / GST
Name in Full		Title of Position Held
Postal Address		
City	State	Postcode
Phone ()	Fax ()	
Email		

FEES - Please register me for the following:

MSAANZ MEMBERS 3 Day Package	\$499.00 AUD	\$ _____
Plus Awards Dinner (Thursday 2nd August)	\$ 85.00 AUD	\$ _____

TOTAL	\$
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OR

NON MEMBERS 3 Day Package/ON SITE REGISTRATION	\$799.00 AUD	\$ _____
Plus Awards Dinner (Thursday 2 nd August)	\$100.00 AUD	\$ _____

TOTAL	\$
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Please indicate whether you have any special dietary requirements:

PAYMENT

Tick one: Visa Mastercard EFT (see below)

Card Number _____ Expiry Date _____

Signature _____

Mail to : Museum Shops Association of Australia & New Zealand, PO BOX R522, SYDNEY 2000

Email: :mail@msaanz.org

Cheques : Payable to *Museum Shops Association of Australia*

EFT Payment : Bank: Westpac Branch: Royal Exchange BSB: 032-002 Account: 23-8561

ABN: 64 093 893 282 THE MSAANZ IS NOT REGISTERED FOR GST
IMPORTANT :Please email to mail@msaanz.org
ensuring payment type is clearly identified.

This form becomes an **INVOICE** on payment. **Please keep a copy for your records**