



innovationseries
THE IDEAS NETWORK

Registration Form

Innovation Series Sydney - 17 February 2010
'Australian Medical Innovations - Achieving Global Success'
Event Registration Form

Main Contact Information

| | |
|----------------------------|----------------------|
| Title: | <input type="text"/> |
| First Name: | <input type="text"/> |
| Last Name: | <input type="text"/> |
| Position: | <input type="text"/> |
| Organisation: | <input type="text"/> |
| Phone Number: | <input type="text"/> |
| Email: | <input type="text"/> |
| Postal Address: | <input type="text"/> |
| Total No. of Attendees: | <input type="text"/> |
| Special meal requirements: | <input type="text"/> |

Payment Method

1. Cheque:

Please make cheques payable to:
Zernike Australia P/L Brisbane Enterprises

2. Electronic Funds Transfer (EFT):

Zernike Australia P/L Brisbane Enterprises A/c
Westpac Bank
BSB: 034-093
A/C: 312905
Please ensure your name is in the EFT banking details.

3. Credit Card Payment:

Please call Sophie Kapeleries on 1300 368 379 to pay your invoice using credit card
Cards Accepted - Mastercard / Visa / Bankcard

Innovation Series Sydney Event Costs:

\$160.00 incl. GST(single ticket)
\$1500.00 incl. GST(corporate table of 10)

Postal Address:

PO Box 4037
Eight Mile Plains QLD 4113

Please note that payments by credit card will incur a fee of 0.900% (incl GST) of the total amount payable, which reflects a merchant fees charged to Zernike Australia Pty Ltd.

For group bookings please refer attached attendee list to provide further details.

In order to assist the IVS Executive with seating arrangements, please complete the form below with the details of your additional guests. If you are booking a corporate table, please list the main contact person for the booking on the first page.

Title:

First Name:

Last Name:

Position:

Organisation:

Phone Number:

Email:

Postal Address:

Special meal requirements:

Title (6):

First Name (6):

Last Name(6):

Position(6):

Organisation(6):

Phone Number(6):

Email(6):

Postal Address(6):

Special meal requirements:

Title (2):

First Name (2):

Last Name (2):

Position (2):

Organisation (2):

Phone Number (2):

Email (2):

Postal Address (2):

Special meal requirements:

Title(7):

First Name(7):

Last Name(7):

Position(7):

Organisation(7):

Phone Number(7):

Email(7):

Postal Address(7):

Special meal requirements:

Title (3):

First Name(3):

Last Name(3):

Position(3):

Organisation(3):

Phone Number(3):

Email (3):

Postal Address (3):

Special meal requirements:

Title (8):

First Name(8):

Last Name(8):

Position(8):

Organisation(8):

Phone Number(8):

Email(8):

Postal Address(8):

Special meal requirements:

Title (4):

First Name (4):

Last Name (4):

Position (4):

Organisation (4):

Phone Number (4):

Email (4):

Postal Address (4):

Special meal requirements:

Title (9):

First Name(9):

Last Name(9):

Position(9):

Organisation(9):

Phone Number(9):

Email(9):

Postal Address(9):

Special meal requirements:

Title (5):

First Name (5):

Last Name (5):

Position (5):

Organisation (5):

Phone Number (5):

Email (5):

Postal Address (5):

Special meal requirements:

Title (10):

First Name(10):

Last Name(10):

Position(10):

Organisation(10):

Phone Number(10):

Email(10):

Postal Address(10):

Special meal requirements:

Please tick this box if you would like to seat your guests at different tables to maximise their networking.

To complete form please save and email or fax it to the details below:
 Fax: 07 3147 8001 Email: info@innovationseries.com.au

