



REGISTRATION FORM



PLATINUM SPONSOR

**RETURN BY FAX (02) 9261 8102 WITH CREDIT CARD PAYMENT OR POST
CHEQUE TO: PO BOX 104, DARLINGHURST, NSW 1300.**

The Institution of Surveyors NSW Inc.
Level 4, 162 Goulburn St, Surry Hills, NSW 2010.

ABN: 14 000 001 329

TAX INVOICE

(please keep copy for your records)

AUSTRALIA DAY SEMINAR - 24th & 25th JAN 2012

TOTAL PACKAGE (\$660.00) includes:

(All prices are inclusive of GST)

- Two Day Seminar including Trade Show
- Welcome coffee and tea both mornings
- Morning and afternoon teas
- Buffet Lunches
- **Happy ½ Hour – Tuesday (6.00pm)**
- **Australia Day BBQ – Tuesday (7.00pm)**
- 15 CPD Points

- | | | |
|---|-----------------|-------|
| <input type="checkbox"/> MEMBER Investment for 2 day seminar | \$660.00 | _____ |
| <input type="checkbox"/> <i>Member 1 day seminar</i> | \$440.00 | _____ |
| <input type="checkbox"/> <i>Graduate Member 2 day seminar (\$440.00)</i> | | _____ |
| <input type="checkbox"/> <i>Graduate Member 1 day seminar (\$220.00)</i> | | _____ |
| <input type="checkbox"/> <u>Non Member Fee 2 days \$1,100.00 or 1 day \$650.00</u> | | _____ |
| <input type="checkbox"/> <i>Student Members – Free (<u>Seminar Only</u>) does not include Teas and Buffet Lunch</i> | | |
| ✓ <u>ADDITIONAL</u> tickets if required are:- | | |
| <input type="checkbox"/> Morning / Afternoon Teas incl Buffet Lunch - \$80.00 | x _____ | _____ |
| <input type="checkbox"/> Happy ½ Hour - \$20.00 | x _____ | _____ |
| <input type="checkbox"/> Australia Day BBQ (incl beverages) - \$115.00 | x _____ | _____ |

Total: \$ _____

(Please print name of additional person attending happy hour/BBQ)

ACCOMMODATION BOOKINGS: Four Points by Sheraton, Karen Chow Karen.chow@fourpoints.com Phone: 02 9290 4871
Quote Booking Code: **Institute of Surveyors XISNSW:** (\$210.00 for Run of House - King or Twin).

Please register _____ (number of) people: (print clearly for nametag/s)

Member(s) / Non Member(s): _____

Company: _____

Contact Details: (phone) _____ (fax) _____

Email: _____

*Payment by Credit Card: Mastercard Visa

Name of Cardholder: _____

Card Number _____ Expiry Date: _____ / _____

Signature: _____ Total: \$ _____

*Payment by cheque: _____ Total: \$ _____