

Delegate Registration Form/Tax Invoice

MINA VIC ABN: 55 538 598 388

Please return completed registration forms to the MINA Vic Treasurer.
(Final date for full payment is **Friday 1st October 2010**)

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Workplace (for Delegate Brochure Only): _____

Please indicate your interest in attending pre registration & canapés on Friday 15th October. Yes No

MINA Member \$100

Non-Member \$150

Payment Options (please tick)

Direct Internet Banking Transfer

Credit Card/BPay

Cheque

1. Please make cheques payable to Medical Imaging Nurses Association Victoria ANF SIG.
Mail Address: Box 12600, A'Beckett Street PO, Melbourne, VIC 8006.
2. Credit Card Payments can be made by Bankcard, Visa or MasterCard
3. Direct Internet Banking Transfer to National Australia Bank
BSB: 083 153
Acc: 048 559 452
Ensure that you identify who the payment is being made from during the transfer.
4. NO cash payments will be accepted at the Conference.
5. Tax receipts will be issued for all registrations received. All prices quoted are in Australian Dollars and are inclusive of GST.
6. A cancellation policy applies (see Registration Brochure).

Authority to charge credit card.

VISA

Master Card

Bankcard

Card Account Number ____/____/____/____

Card Holder's Name _____ Expiry Date __/__/__

Card Holder's Signature _____

General Enquiries

Deborah Shears – President

Email: Deborah.Shears@i-med.com.au

Phone: BH: 03 9236 1325

AH: 0403 503 223

Registration Enquiries

Di Allen – Treasurer

Email: Di.Allen@epworth.org.au

Phone: 03 8807 7286

All Written Correspondence

Mail:

Att: Treasurer

MINA VIC ANF SIG

Box 12600, A'Beckett Street PO

Melbourne, VIC 8006

Fax:

Att: *Vanessa Standfield*

Medical Imaging Nurses Association (ANF SIG)

(03) 9275 9344

OFFICE USE ONLY

Date Registration Received	Date Payment Received	Date Receipt Sent
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