

**WORKCOVER NSW SAFE WORK AWARDS CEREMONY & DINNER 2008**

**BOOKING FORM**

**A. PERSONAL DETAILS**

**(please print clearly)**

Dr, Mr, Mrs, Ms, Miss (please circle)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_

Organisation \_\_\_\_\_

Business Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**B. WORKCOVER NSW SAFE WORK AWARDS DINNER & CEREMONY 2008**

Commences 7pm, Wednesday 29 October at Acer Arena Ballroom - Olympic Boulevard, Sydney Olympic Park  
 Dress code: Black tie

				Total
No. of guests	_____	x \$110 inc GST	\$ _____	
Table of Ten				
No of tables	_____	x \$990 inc GST	\$ _____	
<b>Dinner Total</b>			<b>\$</b>	<input style="width: 100px; height: 20px;" type="text"/>

Please specify if you have any dietary requirements \_\_\_\_\_

Please note any seating requests \_\_\_\_\_

*If booking a table or multiple guests, please provide guest names with your booking.*

**C. PAYMENT**

Registration without payment will NOT be processed. Faxed registrations must include full credit card details.

**CREDIT CARD DETAILS**

Please charge my:  Mastercard/Visa

Card Number

Cardholder's Name: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**CHEQUE DETAILS**

I enclose payment of \$ \_\_\_\_\_ (Cheque made payable to **Safety Institute of Australia**)

**D. RETURN REGISTRATION TO:**

WorkCover NSW Safety Awards Dinner  
 C/- Australian Exhibitions & Conferences Pty Ltd  
 PO Box 82 Flinders Lane Melbourne VIC 8009 Australia  
**OR Fax 03 9654 5596**

Enquiries: Tel 03 9654 7773 Fax 03 9654 5596  
 Email [safetyconference@aec.net.au](mailto:safetyconference@aec.net.au) Web [www.thesafetyshow.com](http://www.thesafetyshow.com)