

CHRISTMAS PARTY – REGISTRATION FORM

Name/s: _____

Hotel/Business: _____

Email: _____ Phone: _____

Number of Tickets (\$85 each): _____

Are you organizing a table: No

Yes – table of 8

Yes – table of 12

Who else is on your table: _____

Payment Options

Credit Card: _____ VISA or MASTERCARD

Name on Card: _____ Exp: ____ / ____

Signature on Card: _____ Total to be Charged \$ _____

Payments will be process by Carrington Publishing Group – receipt emailed to your above email address

Direct Payment: Carrington Publishing Group – NAB

BSB: 082 343

Account: 69106 7713

NOTE: Please state your full name so we can identify the transaction

RSVP: MUST BE FAXED OR EMAILED BY FRIDAY 27TH NOVEMBER

Fax: (02) 9555 1436 Email: info@wheremagazines.com.au

Any questions please call Tony 0409 64 66 68 OR Chris (02) 9256 1101