VIP Registration 14 - 16 March 2016, Gold Coast



Business Name:								
Business Address:								
Phone No: ()) Referred By:							
Attendee Details		i						
Name	Email					eturn elegate	Investment Amount	
								\$
								\$
								\$
								\$
								\$
								\$
Accompanying person, not attending the Conference – Tuesday Dinner only \$150 per person. Note: includes all food, beer, wine, champagne & soft drinks)								\$
Your Global Business Camp Investment (excluding Accommodation)							\$	
Payment Details Paying (please tick):	☐ In	full	Total Ar	mount \$				
	Pro	ogress P	ayments	\$		each	х	payments
Card Type (please tick):		ISA		MasterCard.		AMERICAN EXPRESS	a 2.75	if paying by AMEX, % (GST inclusive) ssing fee will be
Card Number:				Expiry	/ Date:	//	C	CV No:
Cardholders Name:								
Please complete the fo	ollowing q	uestions	s to assist	us with o	ngoing	developr	nent of	our Camps
Industry:			No of Dire	ectors/Part	ners:		No o	f Staff:
Annual Turnover: U	p to \$250k	· []\$	250k - \$5	00k	500k - \$	1M	\$1M - \$	S5M
Your Accountants Details	::							
Firm Name:	Contact Name:							
Thank	vou for vo	ur Reais	tration. A	Tax Invoice	e will be	emailed	to vou.	

Thank you for your Registration. A Tax Invoice will be emailed to you Please refer to our website for our cancellation policy