

SPAA CPD
Points
for every
session

2010 Queensland Event Calendar

Presented by the Queensland State Chapter Committee

Brisbane Events

- 14 July 2010
Is it time for a change?
Presenter: Terri Loy, RBS Morgans Limited, Superannuation & Technical Services
United Services Club
7.30am – 9.00am (Hot breakfast included)
- 17 November 2010
Super review – where are we now?
Presenter: TBC
United Services Club
7.30am – 9.00am (Hot breakfast included)

Gold Coast Events

- 8 June 2010
Tax Planning
Presenter: John Illingworth – SMSF v David Brims – Tax Accountant
PIS Conference Room
7.30am – 9.00am (Hot breakfast included)
- 12 October 2010
Estate Planning
Presenters: Carolyn Baker, Warwick Hanley & Cameron Reed – SMSF v Michael Small and Karen Bakker – Estate Planning lawyers
PIS Conference Room
7.30am – 9.00am (Hot breakfast included)

Sunshine Coast Events

- 25 May 2010
Super – Year end planning
Presenter: Graeme Colley
Twin Waters Golf Club
7.30am – 9.00am (Hot breakfast included)
- 21 September 2010
Super Review
Presenter: TBC
Twin Waters Golf Club
7.30am – 9.00am (Hot breakfast included)

Registration

Cost:

Members: \$50.00 per session
Non-members: \$60.00 per session

Complete the Registration Form and return to the SPAA Office via email events@spaa.asn.au or fax to (08) 8212 5993.
For further information contact Janelle Webber on (08) 8212 5999.



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OF AUSTRALIA



Registration Form / Tax Invoice

SMSF Professionals' Association of Australia Ltd ABN 67 103 739 617

Please tick (✓) the sessions you wish to attend. Please photocopy for additional registrations. All prices quoted include GST.

Send your registration and payment by:

Email Simply scan and send your completed registration to:
events@spaa.asn.au



Mail or Fax your completed registration to the address or number below.
Address: SPAA, PO Box 6540, Halifax Street ADELAIDE SA 5000
Fax: (08) 8212 5993

Please tick (✓) the Queensland State Chapter session(s) you wish to attend below.

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Presenter to be confirmed

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Registrant Contact Details:

- SMSF Specialist Advisor™ SMSF Specialist Auditor™ General Member Non-Member
 Mr Mrs Ms Miss Dr

Given Name: _____

Last Name: _____

Member No: _____

Postal Address: _____

Suburb: _____

State: _____

Postcode: _____

Company: _____

Title: _____

Tel: _____

Mobile: _____

Email: _____

Fax: _____

Dietary Requirements: _____

Card No: _____ / _____ / _____

Expiry Date: _____ / _____

Cardholder's signature: _____

Cardholder's name: _____

Payment Method

- I enclose a **cheque*** for \$ _____

* Please make cheque payable to SPAA.

- Please charge my **credit card** \$ _____

Card Type:

- Visa Mastercard

- I will **electronically transfer** \$ _____

into the account below.

Westpac Bank **BSB:** 033-113 **Account No:** 191756

IMPORTANT: Please be sure to include your surname in the description for identification purposes.

This document will become a tax invoice for GST purposes when you make full payment. Please keep a copy for your records. For event enquiries please contact events@spaa.asn.au or call on (08) 8212 5999.



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