

REGISTRATION FORM

Victorian Chapter Event



ABN 67 103 739 617
PO Box 6540
Halifax Street SA 5000

Botox or Radical Surgery – SMSF Case Studies

Guest Speakers: **Peter Fry** – Director, Peter Fry & Associates
Brett Kenny – Partner, Rogerson Kenny

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Session Details:

Date: Thursday 4 June 2009
Time: 6.30pm – 8.00pm
Venue: The Bridge Room, Amora Riverwalk – 649 Bridge Road, Richmond

Cost:

SPAA Members \$60.00 (inc GST)
Non Members \$70.00 (inc GST)

(Includes 2 course meal plus tea/coffee (drinks available at bar prices))

Registration Details:

(Please complete one form per person.)

SPAA Member: SSA: SSAud: Non Member:

Title: _____ First Name: _____ Surname: _____

Organisation: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone No: _____ Email Address: _____

Payment Details:

This document will be a tax Invoice for GST purposes when you make full payment. Please keep a copy for your records.

I am paying an amount of: \$ _____

- Annual subscriber (no payment required)
- Cash or cheque
- Direct Deposit to Westpac Camberwell BSB: 033 039 Account No: 45 1221 (***IMPORTANT:** Please transfer at least 48 hours prior event & be sure to include your name in the fund transfer description.)
- Credit Card Visa Mastercard (AMEX and DINERS not accepted)

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PLEASE SEND REGISTRATION FORM TO THE VICTORIAN CHAPTER SECRETARY
FAX: 03 9824-8633 EMAIL: marica@priorityconcepts.com.au
MAIL: PO Box 1064, Hawthorn Vic 3122