

NSWERA AGM Dinner Booking Form.

Post or Fax to Secretariat at PO Box 6627 Chatham NSW 2430

Name

Tel..... email.....

No. of Adults@ \$36.90, No. of Children 5-12 yo@ \$18.45 ea, (Children under 5 yo Free.)

No. of vegetarian meals required.....

Total payment due \$..... Pay by cheque or credit card.

Type of Credit card eg. Visa, Mastercard, etc.....

Name on Credit card:.....

Credit card No. Expiry date:...../...../.....

Signature.....

Are you the recipients of trophies/ribbons yes / no (circle)

(Tickets to be collected at the door)