

REGISTRATION FORM

ATTENDING

PLEASE FILL IN THE INFORMATION OF THE EVENT YOU WOULD LIKE TO ATTEND:

I will attend the:

on the (date):

Cost:

AIPP/ACMP #

DETAILS

Company :

Name :

Address :

Suburb : State : Postcode :

Phone : (.....) Mobile :

Email : Website :

Attendee Names if more than one

1

2

3

4

5

SPECIAL REQUIREMENTS

If the Event should require catering, do you have a dietary requirements?

Do you require wheelchair access? YES NO

PAYMENT

*All Amex transactions incur an additional 3%.

Credit Card: Type : VISA MASTERCARD AMEX* TOTAL AMOUNT \$

Name On Card : Signature :

Number: Exp: /

EFT details: BSB: 06 2151 Account Number: 002 451 86 Name: L&P Photographic Supplies
email remittance to accounts@lapfoto.com.au

Cheques: Please make payable to L&P Photographic Supplies. Mail to: PO Box 736 Artarmon NSW 1570

RSVP

Please return completed form no later than a week before prior to the event to info@lapfoto.com.au or fax to 02 9906 1102