



# Computers in Education Group of South Australia Inc.

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## 2008 Conference Registration TAX INVOICE

*This form becomes a tax invoice on receipt of your registration form and payment. Prices include GST.*

- Please tick:**
- Membership No.  Existing Member: Individual
- Organisational A (2 registrations at membership rate)
- Organisational B (unlimited registrations at membership rate)
- .....  Non Member (membership is included in conference registration)

Surname:..... Given names:.....

Private Address:..... Suburb:.....Post code:.....

Institution:.....Courier Area:.....

Institution Address:.....

Suburb/Town:.....Postcode:.....

Contact Telephone No:.....E-mail:.....

- DECS                       Independent                       Catholic                       Other
- Secondary                       Primary                       Pre-school                       Other

Please tick		Member	Non member
<input type="checkbox"/>	2 days	\$125	\$210
<input type="checkbox"/>	1 day Thursday 17 <sup>th</sup> OR Friday 18 <sup>th</sup> July (circle)	\$90	\$170
<input type="checkbox"/>	Student: ID No. .... 2 days Institution.....	\$70	\$100
<input type="checkbox"/>	Student Thursday 17 <sup>th</sup> or Friday 18 <sup>th</sup> July (circle) 1 day ID No. .... Institution.....	\$50	\$80
<input type="checkbox"/>	Presenter 2 days	\$80	\$150
<input type="checkbox"/>	Presenter 1 day	\$60	\$125
<input type="checkbox"/>	Presenter Show and Go	\$0	\$0
<input type="checkbox"/>	Are you attending Happy Hour?	Friday yes/ no	

**Registration and payment must be received by Friday July 4<sup>th</sup> 2008 or a management fee of \$20.00 will be incurred**

CEGSA Membership runs for 1 year from receipt of payment and membership fee may be claimable as a tax deduction.

See website for membership information.

National Privacy Principles apply to personal information that CEGSA collects from you. Do you want it withheld form sponsor/ trade delegates wishing to send additional material to you? **Withhold / Supply**

Payment by: Cash                      Cheque                      Credit Card

Amount of payment \$.....Date:.....

If paying by CREDIT CARD, please complete the following		<b>Office Use:</b>	
Name on card: .....		<input type="checkbox"/> Rec No	<input type="checkbox"/> New M
<input type="checkbox"/> Bankcard	Card Number .....	<input type="checkbox"/> Type	<input type="checkbox"/> AMT
<input type="checkbox"/> Mastercard	Expiry date -- / --	<input type="checkbox"/> Paid	<input type="checkbox"/> oPay
<input type="checkbox"/> Visa	Signature .....	<input type="checkbox"/> Unpaid	<input type="checkbox"/> iPay
	Amount \$.....		