

REGISTRATION FORM / TAX INVOICE

VICTORIAN BRANCH WORKSHOPS



PEOPLE MANAGEMENT FOR INSURANCE PROFESSIONALS WORKSHOP

TUESDAY 16 FEBRUARY 2010

PLEASE COMPLETE FORM IN BLOCK LETTERS. **PAYMENT MUST ACCOMPANY REGISTRATION FORM.**

ATTENDEE 1: ATTENDEE DETAILS

TITLE <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR	MASTER ID	D.O.B	
SURNAME	GIVEN NAME(S)		
ORGANISATION	POSITION		
ADDRESS	SUBURB	STATE	POSTCODE
EMAIL	PHONE	FAX	
DIETARY REQUIREMENTS <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> OTHER (PLEASE DETAIL)			

ATTENDEE 2: ATTENDEE DETAILS

TITLE <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR	MASTER ID	D.O.B	
SURNAME	GIVEN NAME(S)		
ORGANISATION	POSITION		
ADDRESS	SUBURB	STATE	POSTCODE
EMAIL	PHONE	FAX	
DIETARY REQUIREMENTS <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> OTHER (PLEASE DETAIL)			

ATTENDEE 3: ATTENDEE DETAILS

TITLE <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> DR	MASTER ID	D.O.B	
SURNAME	GIVEN NAME(S)		
ORGANISATION	POSITION		
ADDRESS	SUBURB	STATE	POSTCODE
EMAIL	PHONE	FAX	
DIETARY REQUIREMENTS <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> OTHER (PLEASE DETAIL)			

PAYMENT DETAILS (This document will become a tax invoice when completed and payment is made. Prices include GST.)

DATE	WORKSHOPS	MEMBER	NON MEMBER
16 FEB	PEOPLE MANAGEMENT	<input type="checkbox"/> \$620	<input type="checkbox"/> \$864
			TOTAL \$

MY REGISTRATION FEE WILL BE PAID BY (PLEASE TICK): CHEQUE ENCLOSED BANKDRAFT ENCLOSED CREDIT CARD

Cheques to be made payable to **Australian and New Zealand Institute of Insurance and Finance**

PLEASE DEBIT MY (PLEASE TICK): VISA MASTERCARD AMEX DINERS CLUB

CARDHOLDER'S NAME	JOB TITLE	
COMPANY NAME	PHONE	
CARD NUMBER	EXPIRY DATE	AMOUNT \$

CARDHOLDER'S SIGNATURE _____ DATE _____

CANCELLATION POLICY

In the event of a registrants inability to attend, a substitute attendee is welcome at no extra cost. Alternatively, a full refund less 25% service charge will be made for cancellations advised by letter, fax or email up to ten (10) working days prior to the event. Regrettably no refunds can be made after this time. In case of exceptional circumstances please contact your local branch on the email address below.

PRIVACY POLICY

The Institute stores your personal information for the purposes of providing education and membership services, improving and promoting its products and services, and meeting education regulatory reporting and compliance requirements. To review the Institute's full privacy policy go to www.theinstitute.com.au/privacy

FOR FURTHER INFORMATION REGARDING THE EVENT OR REGISTRATIONS, PLEASE CONTACT:
THE AUSTRALIAN AND NEW ZEALAND INSTITUTE OF INSURANCE AND FINANCE

ABN: 56 004 320 076

VIC Branch: Level 8, 600 Bourke Street, Melbourne VIC 3000 Australia. Telephone: (61 3) 9613 7200; Fax: (61 3) 9642 4166
or email: customerservice@theinstitute.com.au

*A minimum number of registrants is required for each workshop to proceed. The Institute reserves the right to cancel/reschedule any workshops where minimum numbers are not met. If minimum numbers are not reached, the Institute will advise in writing up to 3 days prior.