

2013 STORMWATER VIC MINI SEMINAR #3

WITH CLEARWATER

‘Stormwater and Human Thermal Comfort Benefits in the Urban Landscape’

REGISTRATION FORM

DEPT OF HEALTH – ROOM 1.10 MEZZANINE, 50 LONSDALE STREET MELBOURNE

TUESDAY, 16TH APRIL 2013

5.30PM – 7.30PM

RSVP: CLOSE OF BUSINESS – MONDAY 15^H APRIL 2013

TO REGISTER, PLEASE COMPLETE REGISTRATION DETAILS BELOW AND RETURN WITH PAYMENT TO:

THE EXECUTIVE OFFICER, STORMWATER VICTORIA:

EMAIL: OFFICE@STORMWATERVICTORIA.COM.AU.

EFT: CBA – ASHBURTON. BSB – 063 103. ACC - 1014 9971

MAIL: PO BOX 351, CHADSTONE CENTRE VIC 3148

NAME: _____ **TITLE:** _____

COMPANY _____

ADDRESS: _____

SUBURB: _____ **POST CODE:** _____

PHONE #: _____ **MOBILE #:** _____

EMAIL: _____

COST: **PLEASE TICK APPLICABLE BOX**

<input type="checkbox"/> MEMBER	\$35.00 INCLUDES GST	NUMBER ATTENDING: _____
<input type="checkbox"/> NON-MEMBER	\$45.00 INCLUDES GST	NUMBER ATTENDING: _____
<input type="checkbox"/> STUDENT / NP ORG	\$35.00 INCLUDES GST	NUMBER ATTENDING: _____
<input type="checkbox"/> SPECIAL DIETARY REQUIREMENTS: _____		_____

PAYMENT METHOD: **PLEASE TICK APPLICABLE BOX – PLEASE NOTE WE CAN NOT PROCESS AMEX CARDS.**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> CHEQUE (MADE PAYABLE TO STORMWATER VICTORIA)	<input type="checkbox"/> OTHER (PLEASE SPECIFY) _____

CARD #: _____ **EXPIRY DATE:** _____

NAME ON CARD: _____

CARDHOLDER SIGNATURE: _____

TOTAL PAYMENT AMOUNT: \$ _____