



2010 Queensland Outdoor Recreation Awards Dinner Booking Form

Tax Invoice ABN: 22 941 079524



Friday 29th October, commencing at 6:30pm
Victoria Park Golf Complex, Herston Rd, Herston
Please RSVP by Friday 8th October

Please indicate the total number of people attending the dinner from your organisation: _____

Please include the names of all attendees:

- | | |
|-----------------------|----------------|
| 1. First Name: _____ | Surname: _____ |
| 2. First Name: _____ | Surname: _____ |
| 3. First Name: _____ | Surname: _____ |
| 4. First Name: _____ | Surname: _____ |
| 5. First Name: _____ | Surname: _____ |
| 6. First Name: _____ | Surname: _____ |
| 7. First Name: _____ | Surname: _____ |
| 8. First Name: _____ | Surname: _____ |
| 9. First Name: _____ | Surname: _____ |
| 10. First Name: _____ | Surname: _____ |

SPECIAL NEEDS (Dietary, access etc) _____

Please provide details of the contact person within your organisation for invoicing purposes:

Organisation: _____
 Title: _____ First Name: _____
 Surname: _____
 Postal Address: _____
 Phone (Business): _____ Phone (Home): _____
 Fax: _____ Email: _____

Dinner Prices

QORF Members: _____ no. of attendees @ \$75.00 (inc. GST)	\$ _____
QORF Non-Members: _____ no. of attendees @ \$85.00 (inc. GST)	\$ _____
Regional Members (outside SEQ*): _____ no. of attendees @ \$65.00 (inc. GST)	\$ _____
Regional Non-Members (outside SEQ*): _____ no. of attendees @ \$75.00 (inc. GST)	\$ _____

Group Discount Rates

QORF Member table of 10 or more: _____ no. of attendees @ \$65.00 (inc. GST)	\$ _____
QORF Non-Member table of 10 or more: _____ no. of attendees @ \$75.00 (inc. GST)	\$ _____

Grand Total : \$ _____

* Please enquire if unsure of eligibility for regional discounts



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Method of Payment:

Cheque: made payable to 'Queensland Outdoor Recreation Federation'

Or

EFT: Account Name: Queensland Outdoor Recreation Federation
Account details: Suncorp Banking BSB: 484 799
Account No: 003559881 | Reference: **name/org name**

Please fax or e-mail remittance advice.

Or

Credit Card

Type of Card	<input type="radio"/> MasterCard	<input type="radio"/> Visa
Name on Card:	_____	
Card Number:	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	
Expiry Date:	_ _ / _ _	
CVV #:	_ _ _	
Amount: \$	_____	
Cardholder's Signature:	_____	

Please fill in and return this form to QORF **by Friday 8th October** by:

Fax: (07) 3369 9355

Post: Sports House, 150 Caxton Street, MILTON QLD 4064

Please Note, photographs will be taken throughout the evening for promotional purposes. Please let QORF know if you or anyone in your party do not wish for their photographs to be included in any promotional material.

For more information phone QORF on: (07) 3369 9455

**Please Note: A physical ticket will not be issued – Name badges will be issued at the door.