



TICKET ORDER FORM

TAX INVOICE ABN: 41 640 788 304

Date: Thursday 23 October 2008 – 7.00pm for 7.15pm start
Venue: Ballroom, Hotel Realm, 18 National Cct, Barton ACT 2600
Dress: Lounge Suit
Ticket Price: A\$155.00 per person OR buy a complete table of ten for A\$1450.00

I would like to purchase _____ dinner tickets for the 2008 SRCC Safety Awards gala dinner presentation evening.
 Please list all guests attending below, as well as any special dietary requirements:

Guest	Title	First name	Last name	Organisation	Special dietary requirements
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please nominate a primary contact and address details should we need to contact your organisation.

Name: _____ Organisation: _____

Address: _____ Postcode: _____

Tel: _____ Email: _____

Payment details

Total cost: \$ _____ Payment by: Cheque Visa Mastercard Amex

Please make cheques payable to the Comcare – SRCC Safety Awards.

Credit card payments

Card no.:

Cardholder name: _____ Expiry date: _____

Signature: _____ Authorised Amount \$ _____

RSVP: TUESDAY 14 OCTOBER 2008

Send this ticket order form and payment to:
 National Events Manager, SRCC Safety Awards, Comcare
 Reply Paid 9905, CANBERRA CITY ACT 2601

Once complete, this form serves as a tax invoice.