

2 0 1 0 S E M I N A R R E G I S T R A T I O N F O R M

Personal Details

Name

.....

Postal address

.....

Postcode

.....

Phone Number

.....

Email address

.....

Registration Fees

Members	\$60
Non-Members	\$110
Students	\$30

Payment

Member 2010 (please circle) **Yes** **No**

Membership Category (please circle) **Ordinary** **Student** **Sustaining**

Cheques and money orders

Please make all cheques and money orders payable to the VSNMT Inc.
Please forward to: **VSNMT, PO Box 506, Heidelberg 3084 Victoria**

Credit cards (please circle card type) **Visa** **MasterCard**

Card number (please write card number clearly to avoid error)

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Amount to be debited: \$ Card expiry date: /

Name on card (please write clearly)

Signature

*A receipt will be issued only if requested