

The VSNMT Annual Trivia Night



Duke of Kent Hotel
293 La Trobe St
Melbourne
20th August 2010

Registration Form

Name:

Phone Number:

email:

Please enclose your cheque for \$35 and return the completed form to the VSNMT

Credit Card Payment

Visa/MasterCard (please circle)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date: /.....

Amount: \$.....

Name on Card

Signature

*Please return form to:
The VSNMT
PO Box 506
Heidelberg, Vic 3084*