



2018 INCLUSIVE EDUCATION EXPO 9th – 11th JULY REGISTRATION/TAX INVOICE

Upon payment this form becomes a tax invoice and is the only tax invoice provided.

NAME:			
WORK SITE:			
EMAIL:			
Please tick one	<input type="checkbox"/> Professional \$30 per session	<input type="checkbox"/> SSO/Student/Parent \$25per session	

MONDAY	TIME	SESSION NO	COST
9 th July	9.30am	<i>Keynote Session 1</i>	Free
	11.30am	<i>Select from Sessions 2-10</i>	
	2.00pm	<i>Select from Sessions 11-18</i>	
	3.30pm	<i>Select session 19</i>	Free
SUB TOTAL 1			

TUESDAY	TIME	SESSION NO	COST
10 th July	9.30am	<i>Select from sessions 20-28</i>	
	11.30am	<i>Select from sessions 29-35</i>	
	2.00pm	<i>Select from Session 36-43</i>	
SUB TOTAL 2			
TOTAL (incl GST)			

WEDNESDAY	TIME	SESSION NO
11 th July	9.00am	<i>Session 44</i>
	9.30am	<i>Session 45</i>

Please charge this purchase to my MasterCard/Visa

My full card number is _____

Cardholder's name _____

Expiry Date ____ / ____ CVV _____

Signature of cardholder _____ Contact No. _____

Direct Debit: BSB 065109 A/C no 00900689. Please put the reference as your surname/site
EFT Transaction receipt number _____

School Cheque attached

REGISTRATIONS WILL NOT BE CONFIRMED UNTIL PAYMENT IS MADE

Please return to julie.cakebread68@schools.sa.edu.au