

## SIMON BEECHAM SEMINAR PAYMENT FORM

NAME:

POSITION

COMPANY/ORGANISATION:

EMAIL ADDRESS:

SEMINAR LOCATION:                      ADELAIDE                      PERTH                      MELBOURNE                      BRISBANE

COST: IPWEA MEMBER                      \$100                      MEMBER NO:  
NON-MEMBER                      \$120

MASTERCARD                      VISA

CREDIT CARD NUMBER:

EXPIRY DATE:                      /

CARDHOLDER NAME:

CARDHOLDER EMAIL:

OR SEND INVOICE TO:

### Office Use Only

PROCESSED DATE: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

Please email complete  
form to [admin@CMAA.com.au](mailto:admin@CMAA.com.au)