

## **TAX INVOICE**

PO Box 2062 PORT ADELAIDE DC, SA, 5015 ABN 97 876 017 081

Upon payment this form constitutes a tax invoice for GST Please retain a copy for your records

irssa@adam.com.au Facsimile: 8125 5631

Forward your Registration by close of business on Monday 27th August 2012

| REGISTRATION:                                       | Annual General Meeting Wednesday 29th August 2012                        |                      |                              |
|---|--|----------------------|------------------------------|
| Name  | Organisation   | Financial<br>Member? |                              |
|   |  |                      |                              |
|   |  |                      |                              |
|   |  |                      |                              |
| financial member(s                                  | ·)   |                      | NO CHARGE                    |
| non-members/unfir                                   | nancial member(s) @ \$30.00 each (incl GS                                | T)                   | \$                           |
|   | TOTAL  |                      | \$                           |
| PAYMENT OPTIONS:                                    |  | <u>L</u>             |                              |
| Please provide an email ad                          | dress so we can forward you a confirmation                               | n of your reg        | gistration for the AGM:      |
|   | @  |                      |                              |
| Cheque: Made payable to                             | the Industrial Relations Society of SA inc                               |                      |                              |
| <b>EFT:</b> <i>BSB:</i> <b>105-090</b> <i>A/c N</i> | lo.: 3468 07240 IR Society SA  Please ensure your EFT transaction can be | pe identified        | , advise detail by fax/email |
| Visa Mastercar                                      | d We cannot accept Diners Club or Amex                                   |                      |                              |
| Card Number   _                                     |  |                      | _ _                          |
| <b>Expiry Date</b>   /                              | Amount (\$Aus)   |                      |                              |
| Cardholder Name                                     |  |                      |                              |
| Postal Address                                      |  |                      | <del></del>                  |
|   | Post Cod   | le                   | <del></del>                  |
| Signature of Cardholder                             | Contact P  | hone                 |                              |