

EVENT REGISTRATION FORM

EVENT ORGANISER DETAILS							
Event Organiser's Name							
Position							
Organisation							
Address							
Phone – TTY							
Phone – Voice							
Mobile (SMS)							
Fax							
Email							
Website							
Date	<input type="checkbox"/> Sat 9 th Oct	<input type="checkbox"/> Sun 10 th Oct	<input type="checkbox"/> Mon 11 th Oct	<input type="checkbox"/> Tue 12 th Oct	<input type="checkbox"/> Wed 13rd Oct	<input type="checkbox"/> Thu 14 th Oct	<input type="checkbox"/> Fri 15 th Oct
Have you notified your state branch?	Yes		<input type="checkbox"/>	No		<input type="checkbox"/>	
Have you included statements and/or transcripts for verbal promotions?	Yes		<input type="checkbox"/>	No		<input type="checkbox"/>	
ENTRIES CLOSE FRIDAY 17TH SEPTEMBER 2010							

OFFICE USE ONLY					
Date received				Flyer converted into PDF	
Event compliant to TOR?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Event Details to Webmaster
State branch Notified				Posted on website events page	
Event Registration approval sent to event organiser				Flyer posted on website events page	

Post to: Deaf Australia Inc
PO Box 1083
Stafford Qld 4053
Email: gaye.lyons@deafau.org.au
Fax to: 07 3357 8377

EVENT DETAILS

Event 1

Event Date			
Event Title			
Time Event starts		Time Event finishes	
Venue Address			
Describe the Event (30 words max)			
Flyer attached?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Event 2

Event Date			
Event Title			
Time Event starts		Time Event finishes	
Venue Address			
Describe the Event (30 words max)			
Flyer attached?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Event 3

Event Date			
Event Title			
Time Event starts		Time Event finishes	
Venue Address			
Describe the Event (30 words max)			
Flyer attached?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Event 4

Event Date			
Event Title			
Time Event starts		Time Event finishes	
Venue Address			
Describe the Event (30 words max)			
Flyer attached?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Event 5

Event Date			
Event Title			
Time Event starts		Time Event finishes	
Venue Address			
Describe the Event (30 words max)			
Flyer attached?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Event 6		
Event Date		
Event Title		
Time Event starts		Time Event finishes
Venue Address		
Describe the Event (30 words max)		
Flyer attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event 7		
Event Date		
Event Title		
Time Event starts		Time Event finishes
Venue Address		
Describe the Event (30 words max)		
Flyer attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event 8		
Event Date		
Event Title		
Time Event starts		Time Event finishes
Venue Address		
Describe the Event (30 words max)		
Flyer attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event 9		
Event Date		
Event Title		
Time Event starts		Time Event finishes
Venue Address		
Describe the Event (30 words max)		
Flyer attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Event 10		
Event Date		
Event Title		
Time Event starts		Time Event finishes
Venue Address		
Describe the Event (30 words max)		
Flyer attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>