

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"/> <b>Sat 15th Oct</b>	<input type="checkbox"/> <b>Sun 16<sup>th</sup> Oct</b>	<input type="checkbox"/> <b>Mon 17th Oct</b>	<input type="checkbox"/> <b>Tue 18<sup>th</sup> Oct</b>	<input type="checkbox"/> <b>Wed 19<sup>th</sup> Oct</b>	<input type="checkbox"/> <b>Thu 20<sup>th</sup> Oct</b>	<input type="checkbox"/> <b>Fri 21<sup>st</sup> Oct</b>
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 23 September 2011							

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](mailto:gaye.lyons@deafau.org.au)

Fax to: 07 3357 8377

EVENT DETAILS			
<b>Event 1</b>			
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"/>	

<b>Event 2</b>			
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"/>	

<b>Event 3</b>			
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"/>	

Event7			
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"/>	