REGISTRATION

Please register the following people to attend the AMAA Accountability in Ad Spend Conference

	De	le	ga	te	S
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Delegate one	e:		
Mr/Ms/Mrs:	First name:		Last name:
Job Title:			
Email:			
Phone: ()		Mobile:	
Delegate two	o:		
Mr/Ms/Mrs:	First name:		Last name:
Job Title:			
Email:			
Phone: ()		Mobile:	
Delegate thr	ee:		
Mr/Ms/Mrs:	First name:		Last name:
Job Title:			·
Email:			
Phone: ()		Mobile:	
Please list any	/ additional deleg	ates:	









Company

Company/Organisation					
Address:					
Suburb:		_State:	Postcode:		
Phone: () Mobile:		Fax:(_)			
Privacy: Do you agree to have your cor	ntact details incl	uded on the deleg	gate list? Yes No		
			(please circle)		
PAYMENT DETAILS					
Book today for our special Early Bir	rd Rate of \$120	.00 per delegate	Number of Tickets	_	
□ Payment by credit card:□ MasterCard□ Visa	a				
Card number://	/	_/			
Expiry Date:/					
Card holder's name [please print]					
OR					
□ Cheque enclosed					
Cheques must be in AU\$ and made	payable to Aud	dited Media Asso	ciation of Australia		
Phone: 61 2 9954 9800 for enquirie	es and ask for S	Sue Pemberton if	you would like to organise an in	voice	
SEND TO:					
BY FAX:	61 2 9956 822				
SCANNED BY EMAIL TO: BY POST:	accounts@au	ditedmedia.org.a	nu		
Audited Media Association of Australia Level 8,15 Blue Street, North Sydney NSW 2060					



