

**COMPANY DETAILS (if applicable)**

Company Name:	ABN:
Postal Address:	
Contact Person:	Position Title:
Email Address:	Daytime Tel:
	Facsimile:
	Signature
	Date

**PARTICIPANT(S) DETAILS**

Participant Name	Position	Daytime Contact	Email	Are there any special needs we need to be aware of in relation to any of the participants? (Physical Disability, Dietary Needs, or Medical)

**Breakfast Session**

Thursday, 14 November 2013  
 7.30am - 9.00am  
 (Arrival at 7.15am for 7.30am start)  
 Cost: \$25 per person includes Buffet Breakfast

**Location**

Holiday Inn - Pandora Room  
 334 Flinders Mall, Townsville

**RSVP**

Tanya Wright  
[tanya@tphumancapital.com.au](mailto:tanya@tphumancapital.com.au)  
 4772 3800  
 By COB Thursday, 7 November 2013

Credit Card Details (please provide payment via credit card we will send you an invoice upon payment)

Credit Card Number:	Expiry Date:
Name on Card:	
Number of Attendees:	Total Amount:

