

SCHOOL GROUP BOOKING

DISCOUNT TICKET FORM

Your School Details:

School Name _____

Address _____

Suburb _____

State _____

Postcode _____

Contact _____

Phone _____

Email _____

Which Show (please tick **one**):

- BRISBANE November 13-15, 2009
 MELBOURNE February 26-28, 2010
 SYDNEY March 19-21, 2010

Number of Tickets Required (Min. 10): _____

x \$5 each = **Total \$** _____

Credit Card Payments

- VISA Bankcard MasterCard

Card Number:

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Expiry Date:

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Security Code:

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Cardholders Name: _____

Signature: _____

PLEASE RETURN

By post, email or fax to:

IMPACT EXHIBITIONS

PO Box 983 Leichhardt
New South Wales 2040

F 02 9572 9642

E accounts@handsonexpo.com.au

DIRECT DEPOSIT DETAILS

Impact Exhibitions Pty Limited
BSB 012-291

ACCOUNT NUMBER 2532-60214

CHEQUES PAYABLE TO Impact Exhibitions Pty Limited

