

RSB 125 Quiz Night
Saturday 17 October 2009
Masonic Lodge
North Terrace, Adelaide
7 pm for a 7.30 start



Number of tables _____ **@ \$ 160 p/table** **TOTAL** \$ _____

Maximum of 8 people per table. Price includes GST

Mr/Mrs/Ms/Dr/Other _____ **First Name** _____

Surname _____ **Company** _____

Address _____

Suburb _____ **Postcode** _____

Email _____ **Phone** _____

Please note: This form will be the only tax invoice provided for amounts \$80 or less.
Tax Invoice: ABN 376 808 37839

My cheque/money order for The Royal Society for the Blind is enclosed

Or

Please debit my:

Mastercard Visa Diners AMEX

Card No. [][][][][] - [][][][][] - [][][][][] - [][][][][]

Cardholder's name _____

Expiry date: _____ / _____ Signed: _____

Full payment is required prior to the event. Full refund will be issued if you cancel 10 business days prior to the event. No refunds after this period.

Please return to:

The Royal Society for the Blind
GPO Box 1855, Adelaide SA 5001

Ph (08) 8223 6222 **Fax** (08) 8223 7836
Email mail@rsb.org.au