

**Cairns Region Tourism Association Inc
Annual Awards for Service Excellence
Presentation Dinner – 13 December 2011
TICKET REQUEST / PAYMENT FORM**

Please complete and fax or email to the below contact point.

Contact Name: _____

Company: _____

Address: _____

Phone No.: _____ Fax No: _____

Payment Type (Please Circle). **We do not accept AMEX / Diners / JCB Cards**

Mastercard Visa Cheque Money Order

Cardholder's Name: _____

Credit Card Number: _____ / _____ / _____ / _____

Expiry Date: ____/____ CVV _____ (last 3 digits on rear)

Signature: _____

DIRECT CREDIT PAYMENTS

Please provide name and no of pax on transfer then return this form to

Cairns Tourism Association Inc

Bendigo Bank Ltd Branch: Sheridan Street, Cairns, QLD

BSB 633 000 ACCOUNT NO: 113450084

No. of People **Amount**

_____ X \$75 per person (no GST) \$ _____

TOTAL \$ _____

Please send Tax Invoice: Yes / NO

Please make Cheques / Money Orders payable to Cairns Tourism Association Inc

OFFICE USE ONLY: Table # _____ Receipt # : _____ Date: _____

Cairns Region Tourism Association Inc. PO Box 6044, Cairns. Qld. 4870
Fax: 07 4031 6055. email: functions@cairnstourism.com.au