



BOOKING FORM / TAX INVOICE
ABN: 91 028 693 268



AMA(SA) 2010 ANNUAL DINNER
Saturday 22 May 2010
Botanic Gardens Restaurant, North Terrace, Adelaide
Dress: Smart Casual

You are warmly invited to attend our Annual Dinner. Tickets are \$120.00 per head which includes a 3 course meal, wine and entertainment.

Please complete the details below and return, with your payment, by 7 May 2010 to: AMA(SA), PO Box 134, NORTH ADELAIDE SA 5006. Or, if paying by credit card, return by fax on 8267 5349. Confirmation will be provided to you on receipt of your payment.

Please Note: You are welcome to purchase as many seats as you like. You may like to make a table of ten - just fill in the appropriate number and names. For more information, call the AMA(SA) on 8361 0108 or email dayna@amasa.org.au.

Please indicate on this form if any of your guests have any special dietary requirements.

Tickets:

1 (self)	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
2	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
3	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
4	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
5	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
6	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
7	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
8	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
9	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	
10	_____	_____	_____	_____	\$
	Title	First name	Surname	AMA(SA) Membership No.	

Table Name (if appropriate): _____ \$ _____ .00

Payment Details

Name: _____
Title First name Surname

Daytime contact number: _____

Address (to send tickets): _____ Postcode: _____

Please find enclosed my cheque for (total) \$ _____

Please charge my Visa MasterCard American Express Diners Club for (total) \$ _____

Card number: _____ Expiry Date: _____

Name of card holder

Signature of cardholder