

**PLEASE RETURN THIS COMPLETED FORM WITH YOUR  
BOOKING/PAYMENT BEFORE TUESDAY APRIL 8<sup>th</sup> 2008**

Number of tickets (*class of 2007 graduates only*) ..... @ \$94 = \$.....

Number of tickets (*family and friends*) ..... @ \$99 = \$.....

Number of tickets (*late*) ..... @ \$115 = \$.....

**TOTAL COST = \$.....**

<b>Special Dietary Requirements</b>	Guest Name:	Requirement:
-------------------------------------	-------------	--------------

**Tickets to be made out to:**

Name:.....

Address: ..... Post code:.....

Contact phone number:..... Mobile: .....

Email:.....

List of guests you wish to be seated with (maximum 10):

**METHOD OF PAYMENT**

1. **CREDIT CARD:**     Visa     Mastercard     Bankcard

Card number:    //

Expiry date:    /

Name on card:..... Signature:.....

2. **CHEQUE/ MONEY ORDER:** (made out to THE CHIROPRACTIC ALUMNI)

**PLEASE RETURN COMPLETED FORM BEFORE TUESDAY APRIL 8<sup>th</sup> 2008:  
Mail: Chiropractic Graduation Ball, PO Box 1516, Macquarie Centre, 2113  
Fax: (02) 9631 2984**