

# e-flyer booking form

ABN 68 480 848 412

## TAX INVOICE



Organisation Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### E-SATCHEL

I wish to book \_\_\_\_\_ e-flyer(s) @ \$1,100 (inc GST) per flyer

Total \$ \_\_\_\_\_ (inc GST)

### PLEASE SUPPLY

#### 1. A4 flyer in PDF format

We recommend you supply the PDF at web quality settings (with all images at 72dpi) to ensure it is easy for people to view, download and print.

#### 2. Your logo

Please email a JPG of your organisations logo to:  
**conference@ruralhealth.org.au**

#### Having problems?

Please contact the National Rural Health Alliance on (02) 6285 4660 or email conference@ruralhealth.org.au

### PAYMENT DETAILS

#### PAYMENT BY CREDIT CARD (please tick):

MasterCard  Visa

CARD NO:

□□□□ □□□□ □□□□ □□□□

CARDHOLDER NAME:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

Expiry Date: □□ / □□ Amount: \$ \_\_\_\_\_

**Please fax your booking form with credit card payment to: 02 6285 4670**

#### PAYMENT BY CHEQUE

Cheque for \$ \_\_\_\_\_

payable to: **National Rural Health Alliance.**

Please send your booking form with cheque payment to:

**National Rural Health Alliance  
PO Box 280  
DEAKIN WEST ACT 2600**