



**Surfrider Foundation National Education Conference 2009. Gold Coast, Queensland.
REGISTRATION FORM**

Please complete and return to: PO Box 271 Coolangatta, QLD 4225 Australia
5/57 Township Drive, Burleigh Heads, QLD 4219

Name
.....

Address
.....

Phone **Mobile**

Email
.....

| Please tick appropriate box(s) | | No of Attendees |
|--|--------------------------|------------------------|
| Friday Legends Night – at Kirra SLSC | <input type="checkbox"/> | |
| Saturday morning 2009 Conference At Southern Cross University, Tweed Heads. | <input type="checkbox"/> | |
| Sunday morning Annual General meeting At Southern Cross University (inclusive) | <input type="checkbox"/> | |

PRICE

Includes Conference and/or Weekend pass

| | |
|---------------------------|------------------------------------|
| Members (\$40) | Students |
| Non-members (\$50) | Conference (\$20) |
| | Conf + Legends Night (\$30) |
| | Conf + Legends + Membership (\$40) |

PAYMENT OPTIONS

I wish to pay by direct bank deposit

Direct Deposit
Account Name: Surfrider Foundation
Account No: 084 618
BSB: 87 340 7432
Description: "AGM Your Name."
OR

I wish to pay via Credit Card (MasterCard and Visa only):

.....
Card Number

.....
Expiry Date

.....
Name on Card

.....
Amount (\$AUD)

.....
Signature