



Canberra Quilters Inc.
WORKSHOP BOOKING FORM

Please print clearly in BLOCK LETTERS

Name:.....

Address:.....

.....

Phone: (H) (W)

(mob)

Email:

Membership Number:

WORKSHOP DETAILS:

Please book me into the:

.....Workshop

with(tutor)

on Cost:

Please note that to secure your place you need to pay a deposit of 25%.

Signature:..... Date:

Accepted Methods of Payment:

- Cash or EFTPOS:** at monthly meetings
- Cheque:** make payable to Canberra Quilters Inc.
- Direct Deposit:** either through a Commonwealth Bank branch or online directly from your account. *(Please make sure you include your name, membership number and reason for payment on the transaction.)*

BSB: 062 909 Account Number: 00901010

Credit card:

M/C: Visa: Expiry Date:/..... CCV:

Name on card:

Card number: _ _ _ _ _

Cardholder's Signature:

Once you have chosen your method of payment, please ensure this form is sent or given to the **Workshop Coordinator**, PO Box 935, Jamison Centre ACT

OFFICE USE ONLY: Date:

Membership ConfirmedReceipt #:

Payment Confirmed: