

Conference Organiser:

Contact name:		Tel No.:	
Email:		Mobile:	
Agency:		Fax	
Address:		Your Reference/ PURCHASE Order No.:	

Conference details:

Date required e.g. Friday, 26 April:	
Conference Title:	
Time (Western Australian):	Start: <input type="text"/> End: <input type="text"/>

Bandwidth (X one only):	<input type="checkbox"/> 2 x 64K	<input type="checkbox"/> 128K	<input type="checkbox"/> 256K	<input checked="" type="checkbox"/> X	<input type="checkbox"/> 384K	<input type="checkbox"/> 512K
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Other requirements:	<input type="checkbox"/> Document Camera	<input type="checkbox"/> Laptop	<input type="checkbox"/> VCR
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ISDN NO:	<u>08 9158 9590/08 9172 5483</u>	TELECONFERENCE NO:	<u>08 9158 9495</u>
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Site details:

Name of site, location & room e.g. Dept of Health, Albany - VC studio	Video Conference Number (ISDN)	Site Contact (person who looks after video conferencing at location)		Conference Participants
		Name:		
1		Tel No.:		
		Room No.:		

Invoicing or payment details *Please fill in*

Contact name:		Tel No.:	
Email:		Mobile:	
Agency:		Fax	
Invoicing address:		Your reference	
Purchase Order Number:		Cheque:	
Cheque:		Cash:	
Credit Card:		Name of Holder:	
Type:			
Number:		Expiry Date:	

To Book: Please email completed form to: jenny.heffernan@pilbaratafe.wa.edu.au

or Fax to: 9172 1963

For assistance with your booking please contact:
Jenny Heffernan on (08) 9158 9503