

AIQS - CREDIT CARD AUTHORISATION FORM

AIQS VIC/TAS Annual Dinner 2024 – Alto Event Space Friday 15 November 2024						
Payment Options (che	ques to be made o	out to 'Australian Institute of	f Quantity S	urveyors')		
METHOD OF PAYMENT (please circle):	MasterCa	rd VISA	AMOUNT			
CARD NUMBER		·	CVV			
CARDHOLDERS NAME			EXPIRY			
SIGNATURE						
NAME COMPANY	king booking					
ADDRESS						
POSTCODE		PHONE				
FACSIMILE		E-MAIL				
Attendees - (Please send your registration with payment to events@aiqs.com.au)						
NAME	MEMBER F	EMAIL ADDRESS (OF THE PERSON WHO IS ATTENDING THE EVENT)*		TARY REQUIREMENTS		

^{*}Please note that we will only use your email address to send you information pertaining to this event. Your email address will not be provided to any third party.