



Kiwani International Australia District 42nd Annual Convention

“Taste the Blend ~ 2010”

Barossa

26th to 29th August 2010

Convention Registration Form

Convention Venue:

Nuriootpa Vine Inn Hotel
14-22 Murray Street, Nuriootpa, South Australia

Registration Information and Convention Registration Form Submission:

Mr Dennis Noack

Email: admin@barossafunerals.com.au
Phone: 08 8563 0900 ~ Mobile 0419 038529
Fax: 08 8563 3745
Post: Kiwanis Club of Barossa
“Convention Registration”
PO Box 392
NURIOTPA SA 5355



*140 year old Shiraz Vine,
Langmeil Winery, Tanunda*

Hosted by the Kiwanis Club of Barossa



*“Taste the Blend ~ 2010”
Conference Registration Form*

Name	
Partner Name	
Postal Address	
Email Address	
Contact Number	
Club Member of	
Convention Status	<input type="checkbox"/> First Time★ <input type="checkbox"/> Delegate <input type="checkbox"/> Life Member
Will you have your own transport (or with companions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

★ First Time attendees eligible for free registration when selecting Full Registration and attending the Friday and Saturday evening dinners.

Conference Registration	Total
Full Registration - Member <input type="checkbox"/> \$100 <input type="checkbox"/> First Time \$0	
Full Registration – Partner <input type="checkbox"/> Member or Non Member \$50 <input type="checkbox"/> First Time \$0	
One Day Registration - Member <input type="checkbox"/> \$50 <input type="checkbox"/> First Time \$0	
One Day Registration - Partner <input type="checkbox"/> Member or Non Member \$25 <input type="checkbox"/> First Time \$0	

Functions & Meals	Total
Thursday Mayoral Reception (<i>Limit of 120</i>) <input type="checkbox"/> \$0 <input type="checkbox"/> Partner \$0	
Friday Lunch <input type="checkbox"/> \$17 <input type="checkbox"/> Partner \$17	
Friday Dinner <input type="checkbox"/> \$35 <input type="checkbox"/> Partner \$35	
Saturday Lunch <input type="checkbox"/> \$15 <input type="checkbox"/> Partner \$15	
Saturday Convention Dinner <input type="checkbox"/> \$45 <input type="checkbox"/> Partner \$45	
Sunday Brunch <input type="checkbox"/> \$15 <input type="checkbox"/> Partner \$15	

Tours	Total
Friday pm “Taste the Produce” <input type="checkbox"/> \$20 <input type="checkbox"/> Partner \$20	
Saturday early am – “Taste the Farms” <input type="checkbox"/> \$20 <input type="checkbox"/> Partner \$20	
Saturday am – “Taste the Heritage” <input type="checkbox"/> \$20 <input type="checkbox"/> Partner \$20	
Saturday pm – “Taste the Barrels” <input type="checkbox"/> \$20 <input type="checkbox"/> Partner \$20	

Total ~ Conference Registration, Functions & Meals, Tours★	\$
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PAYMENT

***Convention Registration Forms to be accompanied with payment of the total amount.**

- Cheque or Money Order (Payable to Kiwanis Club of Barossa Convention Account)
 Direct Debit - BSB 105-024 Account 036 166 940 Kiwanis Club of Barossa Convention Account
 Credit Card - Card Type MasterCard Visa

Card Number _____ Expiry Date _____

Name of Card Holder _____

I hereby authorise the Kiwanis Club of Barossa to debit my Card Account with the total amount specified above. This authority shall stand, in respect of the above Specified Card and in respect of any Card issues to me in renewal or replacement thereof.

Signature _____ Date _____

Specific Dietary Needs
Special Access Needs