



TAX INVOICE
ABN 42 125 718 466



**Association of Avian Veterinarians
Australasian Committee**

Advancing and Promoting Avian Medicine and Stewardship

**REGISTRATION FORM INDONESIAN BIRD CHARITY DAY SEMINAR
SUNDAY OCTOBER 7 2007 - 10 AM TO 4 PM
Museum Victoria, Melbourne, next to the Royal Exhibition Building in Carlton Gardens**

Name:				
First Name for Badge:				
Address:				
Telephone:	Email:			
	Early before 20/9/2007	After 21/9/2007	Number	TOTAL
Registration	\$40.00	\$45.00		

Please tick if you are a: **Pet bird owner** **Bird watcher** **Aviculturist** **Veterinarian**
Wildlife carer **Ornithologist** **Pet industry person**

Payment may be made to AAVAC by cheque, money order or credit card (Mastercard or Visa only), and must be in **Australian dollars**.

I authorise payment of Aus\$_____being registration for the Indonesian Bird Charity Day Seminar

Card type: Mastercard Visa

Card number: _____ **Expiry date:** _____

Name on card: _____

Signature: _____

Please keep a copy for your files and return completed form and payment to:

**Dr Deborah Monks
Secretary-Treasurer AAVAC
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