

BOOKING FORM

I'D LOVE TO ATTEND THE GALA LUNCH FOR LUNG CANCER!

Single ticket **\$100*** | Table of 10 **\$950***

I would like to book ____ tickets @ \$100* each Total \$ _____

I would like to purchase a table for 10 @ \$950* Total \$ _____

*GST included in price.

Name of Table Captain: _____

Guests Name 1. _____

Guests Name 2. _____

Guests Name 3. _____

Guests Name 4. _____

Guests Name 5. _____

Guests Name 6. _____

Guests Name 7. _____

Guests Name 8. _____

Guests Name 9. _____

DETAILS

Title: Dr Mr Mrs Ms Miss
(please circle one)

Name: _____

Street/PO Box: _____

Suburb: _____

State: _____

Pcode: _____

Tel: _____

Mob: _____

Email: _____

PAYMENT DETAILS

Cheque / Money Order
(Please make payable to The Australian Lung Foundation)

MasterCard Visa Amex Exp. Date: ____ / ____

Card No:

Cardholder's Name: _____

Signature: _____

Please tick if you require a tax invoice

Direct Deposit

National Australia Bank
308-322 Queens St Brisbane Qld
BSB: 084 004
Account No: 489 485 217
Project code: KJLCN

Please return this form to:
The Australian Lung Foundation
PO Box 847, Lutwyche Qld 4030
or fax to 07 3852 5487

Thank you to our sponsors:



**Turner
Freeman**

Lawyers



AN INITIATIVE OF THE AUSTRALIAN LUNG FOUNDATION