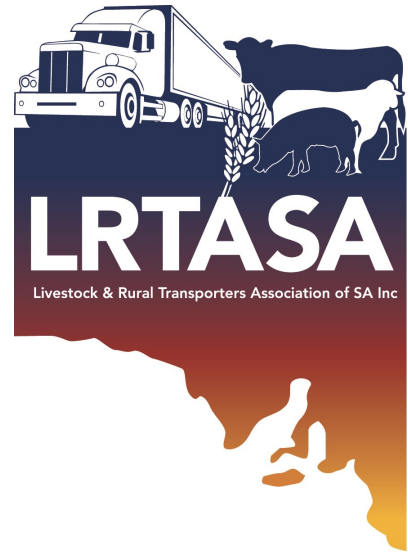


Welcome
To The



**Livestock & Rural Transporters
Association of SA
35th Annual Conference**

**DELEGATE
REGISTRATION**

**Adelaide Entertainment Centre
18 – 19 June 2021**

Please direct all enquiries to
Hayley Masson
0429 674 752 / 0400 653 613
admin@lrtasa.com.au

Please complete and return this form (with the payment page attached) as soon as possible to confirm your attendance and to assist us with our conference planning.

Email Address: _____

FULL REGISTRATION inc Friday Night Dinner, Saturday Conference, Saturday Night Dinner
(Ladies Luncheon **NOT** included in Full Registration)

TOTAL SECTION A: \$ _____

Friday 18 th June	Friday Night Dinner	@ \$125 pp	No: _____
Saturday 19 th June	Ladies Luncheon	@ TBA	No: _____
Saturday 19 th June	Conference	@ \$95 pp	No: _____
Saturday 19 th June	Gala Dinner & Auction	@ \$145 pp	No: _____

TOTAL SECTION B: \$ _____

TOTAL SECTION A & B: \$ _____

[illegible]

Preliminary Conference Program

Friday 18th June

8.30am Bump in of vehicle displays
9.30am Sponsors access
6.30pm Cocktail Dinner
10.30pm Evening Concludes

Saturday 19th June

9.00am Conference Commences
10.30am Morning Tea
12.30am Lunch
3.30pm Afternoon Tea
6.30pm Pre Dinner Drinks
7.00pm Guests seated for Gala Dinner
12.00pm Evening Concludes

**** Program subject to change & All times are approximates ****

Registrations and payments must be returned by 21st May 2021

Payment for Section A and Section B must accompany your registration form.

Conference registrations cannot be confirmed until payment is received. A tax invoice and confirmation letter will be sent to acknowledge that your registration has been processed.

TOTAL AMOUNT PAYABLE \$ _____

Please select one of the following payment options:

☐ Cheque

Please make all cheques payable to 'Livestock Transporters Association of SA' and post to
PO Box 129, Tumby Bay, South Australia 5605

☐ EFT/Direct Transfer

Please transfer the total amount payable to the account detailed below:

Account Name: Livestock and Rural Transporters Association

BSB: 633 000

Account Number: 163 154 008

Bank: Bendigo Bank

Please use your last name or company name as a reference

☐ Credit Card

Please debit the total amount payable from the following card:

Card Number: ____ / ____ / ____ / ____ Expiry: __ / __

Card Holders Name: _____

Card Holders Signature: _____