

30th ANNIVERSARY DINNER

INCORPORATING THE AUSTSWIM
NATIONAL AWARDS CEREMONY

AUSTSWIM INVITES YOU TO ATTEND

THE AUSTSWIM 30TH ANNIVERSARY DINNER

SATURDAY 4TH JULY, FROM 2009 7PM

AT THE RADISSON RESORT, GOLD COAST, QLD

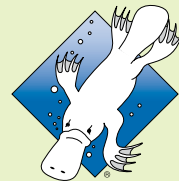


AUSTSWIM

30
years

SINCE 1979

THE DINNER WILL INCORPORATE THE
AUSTSWIM NATIONAL AWARDS CEREMONY,
WHICH PROVIDES AN OPPORTUNITY
TO RECOGNISE AND CONGRATULATE
**AUSTSWIM, TEACHERS, PRESENTERS AND
RECOGNISED SWIM SCHOOLS** FOR THEIR
RESPECTIVE CONTRIBUTIONS TO **AQUATIC
EDUCATION AND WATER SAFETY.**



AUSTSWIM



Australian Government
Department of Health and Ageing

Special guests include both
Brooke Hanson and **Geoff Huegill**.

Brooke will be the Masters of Ceremonies for the National Awards and we will hear **Geoff** speak about his swimming experiences including his return to swimming in 2009.

This evening coincides with the **AUSTSWIM** National Aquatic Education Conference to be held at the Radisson Resort on the 4th and 5th July.

To find out more about the conference and accommodation packages available at the Radisson Resort, go to www.austswim.com.au

AUSTSWIM 30TH ANNIVERSARY DINNER SATURDAY 4TH JULY 2009, FROM 7.00PM

VENUE: RADISSON HOTEL, PALM MEADOWS DRIVE, CARRARA, QLD.

DRESS: COCKTAIL

PLEASE FILL OUT THE BELOW APPLICATION FORM AND RETURN TO AUSTSWIM BY FRIDAY 26TH JUNE 2009.

AUSTSWIM



SINCE 1979

PERSONAL DETAILS (Please Print in Block Letters)

Individual or Organisation (please tick)

First Name _____ Last Name _____

Organisation _____ Address _____

Suburb/Town _____ State _____ Post Code _____ Telephone _____

Mobile _____ Email _____

COST (please tick) - Includes drinks on arrival, three course meal, beer, wine and soft drink plus entertainment.

Individual Tickets - \$110.00 (inc gst) Number _____ Table (10 per table) - \$1045.00 (incl gst)

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BOOKING INFORMATION:

Ticket Type	Quantity	Unit Price (GST Inc)	Total (GST Inc)
Table 10		\$1045.00	
Attendee/s		\$110.00	
TOTAL:			\$

DINNER ATTENDEES: (Please Print In Block Letters Names of all Attendees)

Attendee	Attendee's Name (to go on table seating list)	Special Dietary Requirements
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PAYMENT (Please Print In Block Letters)

Tax Invoice – ABN 72 515 751 227. On Completion this serves as a tax Invoice. Please retain a copy of your registration for Taxation purposes.

Enclosed is a cheque or money order for \$ _____ made payable to **AUSTSWIM Ltd.** Or charge my (please circle): Master Card Visa

For the amount of \$ _____ Card Number _____ / _____ / _____ / _____ Expiry Date ____ / ____ / ____

Cardholder's Name _____ Signature _____ Date: ____ / ____ / ____

Please complete dinner invitation and post with payment to: AUSTSWIM Ltd. PO BOX 546, EAST MELBOURNE VIC AUSTRALIA 8002

Or Fax: +61 3 9639 8555 Ph: 1300 885 529 Email: conference@austswim.com.au