

Every Generation Festival - 'It's on for young and old'

Event Registration Form

Groups must be an Every Generation Partner to register Events.

Please ensure you have sent your 2010 Partner Registration Form. by Friday 13th August 2010, otherwise we cannot guarantee inclusion in the Official Calendar of Events



Contact Person	Mr/Ms/Miss/Mrs
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Job Title	
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Organisation Name	
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Mailing Address	
	Postcode

Telephone Number	
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Fax Number	
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E-mail Address	
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PUBLIC LIABILITY INSURANCE

COTA Seniors Voice REQUIRES you to hold current Public Liability Insurance.

Yes we hold Public Liability Insurance

NAME -----

POSITION ----- Date ___/___/___

YOUR EVENT

All the information entered in the sections overleaf will be printed in the Events Calendar and will appear on the Every Generation Website and in print media. ***Please complete all sections and print clearly.***

***Photocopy this form to register more than two events.
Events will be listed in date order, then by location alphabetically.***

2010

Patron Sponsor



Principal Sponsor



Principal Sponsor
2010



Please complete and return Event Registration Form by **Friday 13th August 2010** to:

Celeste Prosser, Every Generation Project Officer
COTA Seniors Voice, 45 Flinders Street, Adelaide SA 5000
Telephone (08) 8232 0422 Fax (08) 8232 0433 Country Callers Freecall 1800 182 324
Email: cprosser@seniorsvoice.org.au

All the information entered in these sections will be printed in the program in the order shown.
Please complete all sections and print clearly

Office use only
Location: _____

EVENT TITLE: _____
DAY/DATE/MONTH (eg. Monday 7 October): _____
TIME of event: _____
VENUE of event: _____
STREET: _____
SUBURB: _____
DETAILS OF EVENT (please be brief - use only 20 words or less) _____

COST: \$ _____ including GST GST free Comments: _____
IS BOOKING ESSENTIAL? YES NO IS THERE ACCESS FOR DISABLED? YES NO
CONTACT PERSON for BOOKINGS and INFORMATION: _____
ORGANISING GROUP/ORGANISATION: _____
TELEPHONE NUMBER: _____

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Location: _____

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ORGANISING GROUP/ORGANISATION: _____
TELEPHONE NUMBER: _____