

**PeakCare Queensland Inc
Services Register Tax Invoice/Application**

Participant's Name

TAX INVOICE

Company Name	ABN
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Postal Address

Telephone	Fax	Email
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Please attach advertisements separately

All Listings for 12 month duration only

Register details (all prices include GST)		Total inc GST
1 listing (50 words or less)	\$100.00 non-members; \$50.00 Supporters	
2 listings (each 50 words or less)	\$150.00 non-members; \$100.00 Supporters	
3 listings (each 50 words or less)	\$200.00 non-members; \$150.00 Supporters	
4+ listings (each 50 words or less)	\$225.00 non-members; \$170.00 Supporters	
Please circle one payment method		
Cheque	Credit Card	EFTPOS
		\$

Credit Card Details VISA AMEX MASTERCARD

Name on Card

Card Number	Exp date
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Signature of card holder

Cancellation Policy: Should you wish to cancel your listing, no refund will be provided for unused time.

Cheques payable to **PeakCare Queensland Inc**

EFTPOS payments to: BSB 084424 A/c No. 86456 7143

**PeakCare Queensland Inc
ABN 46 517 600 227
PO Box 159, Paddington 4064
Ph: 07 3368 1050 Fax: 07 3368 1160
Email: admin@peakcare.com.au**