

Bloomin Broms 2011 Registration Form

Name _____

Name _____

Address _____

_____ PC _____

Phone _____

Email _____

Do you wish to sell plants? (please tick) Yes _____ No _____

If 'Yes' approximately how many? _____

Payment Options Cheque/ Money Order \$ _____

Credit Card Master Card _____ Visa _____ (please tick)

Name on Card (please print) _____

Card Number _____

Expiry Date ____/____

Signature _____

Cheque or Money order payments should be made out to
Cairns Bromeliad Society Inc.

Please forward to:

The Secretary,
Cairns Bromeliad Society Inc
P O Box 28
Cairns Qld 4870