

# Registration Form

**Bloomin Broms** ...../...../.....

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ PC \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

If 'Yes' approximately how many? \_\_\_\_\_

\$25 pp before 24th May, \$30 pp before 30th May, \$40 at the door.

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