

Bloomin Broms 5-6 May 2012 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