

# SMART Property Development



Practical strategies for building equity and cashflow

## Workshop Registration Form – Brisbane 2006 Workshops

If registering for more than one person, please complete one registration form for each individual. Please return registration forms to the address below prior to the workshop you wish to attend.

**Location:** Walk About Creek, 60 Mt Nebo Road, The Gap.

**Date:** Saturday, 25th November 2006. **Times:** 8:45am to 6:00pm.

### Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Numbers: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

### Declaration *(Please fill in the appropriate date and sign where indicated)*

**Yes, I want to enroll in the Developer's Workshop scheduled for Saturday \_\_\_\_\_, 2006.**

I understand that by signing this form, I authorise Comben Developments Pty Ltd to accept my non-refundable deposit payment of **\$80**. The balance of **\$800** will be paid in the week prior to the workshop.

*(The cost to register a second person is \$440. Please add their name and extra payment to this registration form.*

*Note: they will share your consultation time.)*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### Payment Details

\$ \_\_\_\_\_ payable by  Cheque *(preferred method if possible)*  Credit Card  
 Money Order  MasterCard  Visa

*For payment by credit card:*

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail or Fax to **Smart Property Development**  
**PO Box 686, Brentford Square Vic 3131**  
Ph/Fax **03 9893 4757**