



**The Mathematical Association of New South Wales, Inc.**

PO Box 339, North Ryde NSW 1670  
Kent Road Public School  
Kent Road, Eastwood NSW 2122

Tel. (02) 9878 1487 Fax (02) 9878 1675  
Email: office@mansw.nsw.edu.au  
Website :www.mansw.nsw.edu.au

**MANSW ANNUAL CONFERENCE 18 - 20 September 2009  
EXHIBITOR'S REGISTRATION FORM**

Tax invoice ABN: 31 164 921 721

**Exhibitor's Name:** .....

**Address:** .....

..... **Postcode:** .....

**Phone:** ..... **Fax:** ..... **Email:** .....

**Contact Person:** .....

**Names of those attending:** .....

.....

Display Table @ \$800 (cost includes GST) \$ .....  
(includes sessions, satchel, conference booklet, morning and afternoon teas and lunches for **ONE** person for the full 3 days)

**Extra people at your stand:** At \$150 per person per day  x  x \$150 = \$ .....  
(includes sessions, satchel, conference booklet, morning and afternoon teas and lunches for that person)

For catering, indicate the **NUMBER OF EXTRA** people for **EACH** day **Fri**  **Sat**  **Sun**

**Power** required? Yes/No Give details if Yes

.....

NOTE: Wireless Internet access will be available at display tables, you can organise this directly with the venue on a daily charge basis – further details will be supplied when you register.

**Promotional material** (\$150) Yes/No \$ .....

This will be inserted into conference bags. Estimated number of attendees is 600. We will notify you closer to the event should this estimate prove to be very inaccurate. We will email detailed delivery instructions.

**Extra conference booklets:** Number ..... at \$30 each \$ .....

**Optional** ☆ Star Struck ☆ **Conference Dinner**, Saturday evening 19 September:

Number ..... at \$95 (cost includes GST) each \$ .....

**Total amount due (All prices include GST)** \$ .....

The display places will be allocated on a **first-paid** basis to ensure fairness to all.

The number of display tables/places available is limited so we urge your prompt return of the form AND payment to secure your space.

Method of payment:  Cheque  Mastercard  Visa

Number on card

Cardholder's name (as on card): .....

Expiry date: ..... Signature: .....

If paying by cheque, make cheque payable to The Mathematical Association of NSW.

Send completed form and payment to:

The Mathematical Association of NSW  
PO Box 339, North Ryde 1670

**TAX INVOICE**  
**ABN: 31 164 921 721**