

Please ensure that you have made a copy of both of these pages for your records prior to sending.  
Please complete in black or blue pen only and print clearly  
Both pages must be sent or your registration cannot be finalised

# QUILT ENCOUNTER 2017

## REGISTRATION FORM

Name .....

Address .....

..... Postcode .....

Telephone - Home ..... Mobile .....

Email .....

Package Chosen ..... Is this your first Quilt Encounter?  Yes  No

For Insurance purposes, please complete the following:

Are you a member of the Quilters' Guild of SA?  No  Yes Membership No.....

Are you a member of an affiliated group of the SA Guild? – if so – name of the group.....

If you are not a member or affiliated member of our Guild you will need to pay an additional \$4.00 to be covered under The Quilters' Guild of SA Insurance Policy for your attendance at Quilt Encounter 2017.

A deposit of \$50 must be paid prior to activation of this registration.

The allocation of workshop places will not begin until THURSDAY 16 MARCH 2017.

Please send this completed form and payment to Quilt Encounter 2017

PO BOX 193

VICTOR HARBOR SA 5211

If you pay by Direct Deposit and wish to email your registration form please email it to [quiltencounter@gmail.com](mailto:quiltencounter@gmail.com)

Amount you wish to pay now (minimum \$50).....

Payments can be made using the following; [Please indicate clearly your preferred method]

Direct Deposit

Direct Deposit banking details

Bank	Bank SA
BSB	105 186
Account number	025977640
Account name	Quilt Encounter
Reference	Your name (First Initial and Surname) or the last four digits of your phone number if numerical only

With Direct Deposit please advise Jean; SMS 0404 476 321 or email [jhaese23@gmail.com](mailto:jhaese23@gmail.com)

Scanned copies of bank receipt or a bank acknowledgement email would be appreciated.

Cheque/Money Order payable to Quilters' Guild of S.A. Inc.

Credit Card  Mastercard  Visa

NB – Credit card payments will be processed on or after March 16 for the amount advised.

Card No. .... / ..... / ..... / ..... Expiry..... / .....

Cardholder ..... Signature .....