

2009 Seniors Week Event Registration Form

ORGANISATION DETAILS:

Organisation Name:			
Postal Address:			
	Suburb	Postcode	
Email Address:			
Contact Name:			
Contact Phone		Mobile:	

EVENT DETAILS:

Event Title:			
Brief Explanation of the Event (25 words or less – this will appear in the program, space permitting)			
Type of event (eg lecture, demonstration):			
Day and Date of Event:			
Time of Event:	Start Time:	Finish Time	
Venue			
Address of Venue:			
Cost of Event:			
Bookings:			
Booking Phone Number:			

PUBLIC LIABILITY INSURANCE:

COTA ACT does not provide Public Liability Insurance for events listed in the Seniors Week Program Guide. Please ensure that your organisation is adequately covered. The current desired Limit of Indemnity is a minimum of \$10 million.

EVENT PROMOTION:

Your event will appear in the official program for Seniors Week 2009.
Please indicate if you would like additional advertising for you organisation:

Paid Advertisement		No	Placing an editorial (space permitting)		No
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PLEASE RETURN THIS FORM TO:

Council on the Ageing ACT
PO Box 5566
HUGHES ACT 2605



Telephone: (02) 6282 3777
Facsimile: (02) 6285 3422
tjay@cota-act.org.au