

# 2009 LOTTERYWEST FESTIVAL FILMS LAUNCH BOOKING SLIP

Title \_\_\_\_\_ Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (H) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

No. of Tickets	\$ Per Ticket	Total \$
	\$40	\$
vegetarian option for picnic box		No.

Method of payment (please tick)

Cheque enclosed (made out to Friends of the Festival)

Credit card Visa / MasterCard (circle)

No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return to: Friends of the Festival,  
M418. The University of Western Australia  
3 Crawley Avenue  
CRAWLEY WA 6009

or fax: (08) 6488 8555 For further information phone (08) 6488 8625

PERTH  
INTERNATIONAL  
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**FRIENDS**  
OF THE FESTIVAL