



'The Edge of Excellence'

Workshop Fax/Mail Booking Form

FAX TO AUS: 07 3357 4809
FAX TO NZ: 09 361 6698

1. Contact Details

| | | |
|--------------|---------|-----------|
| Name: | | |
| Company: | | |
| Address: | | |
| City/Suburb: | State: | Postcode: |
| Country: | | |
| Phone: | Mobile: | |
| Email: | | |

2. Booking Details

YES, I would like to reserve my seat for 'The Edge of Excellence' in:

- AUS - Brisbane 12th Feb 2007, 6pm**
- AUS - Gold Coast 8th Feb 2007, 6pm**
- AUS - Sunshine Coast 13th Feb 2007, 6pm**
- NZ - Auckland, Northshore 20th Feb 2007, 6pm**
- NZ - Tauranga 21st Feb 2007, 6pm**
- NZ - Wellington 22nd Feb 2007, 6pm**
- NZ - Auckland City 24th Feb 2007, 9am**
- NZ - Auckland City 24th Feb 2007, 2pm**

3. Payment Details

| | |
|--|-------------------------------|
| <input type="checkbox"/> YES, I have enclosed a cheque/money order for \$_____ | |
| <input type="checkbox"/> YES, Please charge my credit card \$_____ | |
| _____ Ticket(s) @ \$27 | |
| _____ x 3 Tickets @ \$67 SAVE \$14 | |
| _____ x 5 Tickets @ \$97 SAVE \$38 | |
| <input type="radio"/> VISA <input type="radio"/> Mastercard <input type="radio"/> American Express | |
| Credit Card: _____ | Card Expiry Date: ____ / ____ |
| Name on Card: _____ | Signature: _____ |

AUSTRALIA

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NEW ZEALAND

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