



TRAVEL DECLARATION 2010

Full Name: _____

Address: _____

Phone: HM: _____ Mobile: _____

Destination: Brisbane Via _____

Reason for travel: GFS Australia Mid Term Conference

Accompanying Person/s: _____

Note: Electronic equipment is not insured when traveling by aircraft, bus or waterborne vessel unless it is carried by you as cabin baggage.

Signed by Person/s making journey: _____

Date: _____

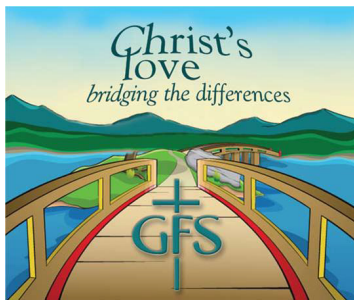
Signed by: National Chairman _____

Date: _____

How on Earth???



GFS Australia Mid-Term Conference



The GFS Australia Mid Term Conference
is to be held at
Mercy Place
371 Simpsons Rd
Bardon QLD 4065
11 - 14 June 2010

Commencing on Friday evening at 7.30pm
for an opening Eucharist
Finishing on Monday morning at 11.00am

The weekend will include:

- Time for fellowship
- A Taize Service
- Workshops
 - Marketing your Ministry
 - Archives
 - Interactive workshop on disabilities
 - Lectionary Programming for PNG
- Lets take time to revisit our Purposes and Aims for our new Rules (constitution)
- Much more.....

FULL PAYMENT for the conference is required to secure your place when returning your form. There is no dinner included on Friday night but we will be arranging to get take away food (your cost) if you arrive early. Also lunch on Monday is not included.

REGISTRATION FORM

NAME _____ Male / Female

NAME _____ Male / Female
(of accompanying person if applicable)

Address _____

_____ Postcode _____

Telephone: HM _____ Mobile: _____

Email address: _____

Cost for Mid Term Conference \$330 per person (excluding airfares)

Payment can be made by cheque or by direct transfer to:

Account name - GFS AUSTRALIA LIMITED GENERAL ACCOUNT
Branch - ROCKHAMPTON NORTH, QLD
BSB - 064709 Account number - 10323454

(Please put surname in the reference section please to assist with processing the payments)

Please tick your preference for sleeping arrangements (we will try to accommodate your requests, however availability of your choice will depend on availability of beds. Allocation will be on a first come first served basis).

- Single room
- Twin Share (I would like to share with _____)
- Ground Floor
- I need transport from the airport

Time of flight arrival _____ Flight No. _____ Airline _____

**Please return this completed section (front and back)
with full payment by 1st June 2010 to
Noeleen Stewart, 4 Elfreda Avenue, Sorrento WA 6020**