



TRAVEL DECLARATION 2011

Full Name: _____

Address: _____

Phone: HM: _____ Mobile: _____

Destination: Perth Via _____

Reason for travel: GFS Australia National Council

Accompanying Person/s: _____

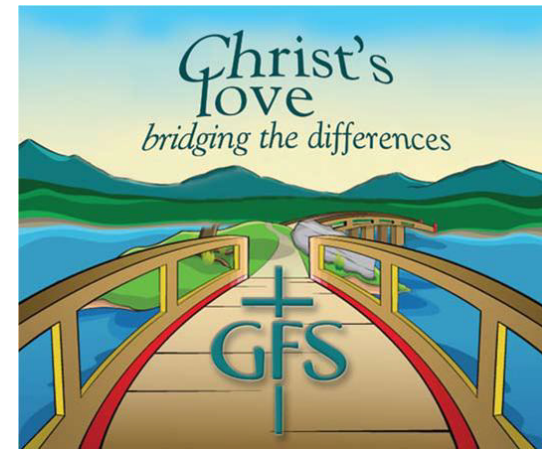
Note: Electronic equipment is not insured when traveling by aircraft, bus or waterborne vessel unless it is carried by you as cabin baggage.

Signed by Person/s making journey: _____

Date: _____

Signed by: National Chairman _____

Date: _____



GFS AUSTRALIA

22ND NATIONAL COUNCIL

PERTH, WA





The 22nd GFS Australian National Council
is to be held at
St Catherine's College
2 Park Road, Nedlands
10-15 January 2012

Commencing on Tuesday the 10th
registration between 10am and 1pm
Finishing on Sunday morning at 11.00am

The Council will include:

- Time for fellowship
- Worship/study times
- AGM
- Business Sessions
- Developing a Business Plan
- Time to take in our beautiful city & beaches
- Much, much, more.....

Total cost of Council is \$650.00 per person
(includes all meals / accommodation / travel
and activities within Council)

**Notification of interest to the Secretary and a deposit of \$100
per person is required to secure your place.**

Balance of payment and completed application and travel forms
are required by 30th November 2011.

REGISTRATION FORM

NAME _____ Male / Female

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

Address _____

_____ Postcode _____

Telephone: HM _____ Mobile: _____

Email address: _____

Cost for Council \$650 per person (excluding airfares)

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

Account name - GFS AUSTRALIA 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)

ALL accommodation is single room and on the ground floor. Transport is
available to and from the airport. Limited billeted accommodation is available
before and after the Council.

I need transport from the airport

Time of flight arrival _____ Flight No. _____ Airline _____

I need transport to the airport

Time of flight departure _____ Flight No. _____ Airline _____

I have special dietary requirements (please attach a separate statement
with this form)

I need billeted accommodation before / after (circle appropriate)

**Please return this completed section (front and back)
with full payment by 30th November 2011 to Noeleen
Stewart, 4 Elfreda Avenue, Sorrento WA 6020**