

MELVILLE NURSERIES PTY LTD

"SURVIVAL AFTER SUMMER WORKSHOP"



SATURDAY 3rd December 2011
10:00am to 2:30pm
Cost \$60 / person

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

1) Spring Garden Workshop Payment \$60.00

Please find enclosed \$_____ Cheque / Money Order (please circle)

Or

Please debit my M/Card Visa for \$_____

Card No

Expiry Date /

Name on Card _____ Signature _____

Or

Direct Deposit
NAB Kalamunda

BSB: 086 699
Account No: 50 833 2954
Ref: ***Your Name***

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