



SHOALHAVEN ORCHID SOCIETY INC.

REGISTRATION FORM

ORCHID CLUB:.....

NAME:.....

ADDRESS:.....

PHONE:.....

EMAIL:.....

NUMBER ATTENDING @ \$50 per person.....

Total amount submitted \$.....

Cheques payable to Shoalhaven Orchid Society or Direct Deposit to CBA BSB 062 585 Account Number 1026 3191 (For A/C Ref. Please add surname)

Dinner Saturday Night – Definite numbers needed for catering at Bomaderry Bowling Club -

Number of persons attending.....

All registration forms must be mailed to – Secretary, Francoise Sikora,
P.O. BOX 1022, NOWRA NSW 2541 or emailed to shoalhavenorchidsociety@gmail.com

All REGISTRATIONS to be received by Secretary no later than Friday, 23rd February. The registration form is available from the Shoalhaven Orchid Society's website – www.shoalhavenorchidsociety.org.au

PHONE ENQUIRIES: Francoise (0424 165863) or Louise (0419 241177)