

AMAROO PARTICIPATION

1 CONTRIBUTIONS BY CREDIT CARD

First name: _____ Last name: _____

Address: _____

Country: _____ Phone: _____

Fax: _____ E-Mail: _____

I wish to use: Visa Mastercard Bankcard Diners American Express JCB

Name on card: _____

Card N°: _____ Expiry date: _____

Please debit the amount of Aus\$ _____ Monthly Quarterly Annually Single

Commencing on: _____ until I advise you further.

Date: _____ Signature of cardholder: _____

This form replaces / updates any previous one

In addition to my contribution, I wish to be regularly updated on the developments at "Amaroo".

2 BANK TRANSFER OR DIRECT DEBIT

Account name:	Elan Vital Inc / International Conferences Account
Account number:	64 270 6566
Bank Name:	National Australia Bank
Branch Number:	084 737
Bank Address:	126 Elizabeth Street, Brisbane, Qld 4000, Australia
SWIFT-Code:	NATAAU3304B

3 CONTRIBUTIONS BY MAIL

Please make cheques payable to:	Elan Vital Inc / International Conferences PO Box 181, Ipswich, Queensland 4305 Australia
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YOU MAY MAIL OR FAX THIS FORM TO:

Elan Vital Inc / International Conferences PO Box 181, Ipswich, Queensland 4305 Australia
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FAX: + 61-7-5467 2394