

**Tax Invoice - Kodaly Music Education Institute of Australia
NSW Branch Inc** **ABN: 89431661105**

School/Individual Name:

Address _____

Email address:

Mobile number (for emergency purposes) 04

DATE:

**From: KODALY MUSIC EDUCATION INSTITUTE of AUSTRALIA
NSW Branch INC** **ABN: 89431661105**

**Regarding: BUILDING an EFFECTIVE MUSIC PROGRAM
EARLY CHILDHOOD** *presented by Julie Logan*

Date: *Wednesday April 8th - Friday 10th, 2015
8:30 – 5:00 p.m.*

Venue: *Music Department Barker College, Waitara*

Cost: Member \$480
Non-member \$595

Become a member at www.kodaly.org.au/memberships

PARTICIPANTS Names: *(please write clearly so that Certificates may be prepared accurately)*

1.

2.

TOTAL PAYMENT DUE: \$ *GST is not applicable*

Please choose 1 of the following payment options:

1. *CHEQUE* made out to **KMEIA (NSW Branch) INC**

Please post to KMEIA (NSW Br) INC
ROSE BLOOM - TREASURER
PO BOX 603,
FIVE DOCK NSW 2046

2. *ONLINE PAYMENT* as follows: **KMEIA NSW BR INC**
ST GEORGE BANK
BSB: 112 879
ACCOUNT NUMBER: 153 921 273
YOUR REFERENCE: SCHOOL NAME + AKC1
(eg HAMILTON AKC1)

Enquiries regarding Invoice: ROSE BLOOM 02 9713 9235 M: 0431 213 056
Please notify us of online payments at nsw@kodaly.org.au