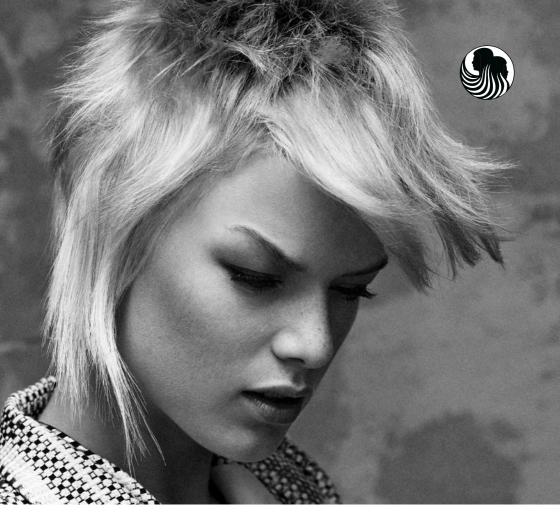


Given Name:		
Home Address:		
		Postcode:
Salon Name:		
College Name:		
Address:		
		Postcode:
Telephone Work: ()	Home: ()	
Mobile:		



Name of competitor:	EFT DETAILS: HBIA
Payment is by: please tick	BSB NUMBER: 124 104 ACCOUNT NUMBER: 2068 9259
Cheque Credit Card Money Order EFT	REF: YOUR COMPETITOR NAME
Please make cheque payable to the Hairdressing & Beauty Industry Association	
Credit Card Type Bankcard Mastercard Visa Amex [Diners
Credit Card No:	CCV:
Expiry date: Amount: \$	
Name on Card: Signati	ure:
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Please return your Entry Fees and Form to:

HBIA, PO Box 159, MALVERN VIC 3144

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