



# SUPER X

## AUSTRALASIAN SUPERCROSS CHAMPIONSHIP

SATURDAY 7 NOVEMBER 2009, CANBERRA STADIUM, CANBERRA

### BOOKING FORM - 2009 SUPER X HOSPITALITY

Full Company Name		ABN:	
Booking Contact			
Address		Phone ( )	
		Fax ( )	
		Postcode:	Mobile
Email			
I agree to abide by the conditions of purchase			
Signature			

Event	Date	Venue	Package	Price pp*	No.	Total \$
SuperX	Saturday 7 NOV 09	Canberra Stadium CANBERRA	Club SELECT	\$290		
			Club Stadium	\$230		
			Corporate Suites Min - 16 to Max - 20 people	\$310		
<b>GRAND TOTAL</b>						

\*All prices are per person and include GST

For payment options please see over

#### Conditions of Purchase

- Full payment required on or before 16th October 2009.
- Canberra Stadium will cancel bookings if it remains unpaid beyond the due date.
- Canberra Stadium will charge interest and fees on over due payments.
- All bookings are final and non-refundable.
- Once ticket allows entry for one person to Canberra Stadium.

#### Privacy Notice

Territory Venues and Events is collecting this information for the purpose of processing your booking for SuperX to be held at Canberra Stadium on Saturday 7 November 2009.

You are not obligated to provide this information but Territory Venues and Events are unable to process your applications for tickets without it.

Territory Venues and Events is bound by the Privacy Act 1988 (Cth) and will not disclose your information to any third party except in accordance with the Privacy Act 1988 (Cth) and legal obligations.

Territory Venues and Events  
 Canberra Stadium  
 Batty Street Bruce ACT 2617  
 PO Box 666 Jamison ACT 2614  
 T- 02 6256 6700 F- 02 6253 2085  
 E- info@canberrastadium.com





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## Payment Options

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Please indicate your payment preference in the box provided.

Enclosed is a **cheque\*** payable to Territory Venues and Events

**Electronic Transfer**  
Territory Venues and Events  
Commonwealth Bank - BSB No.062987 - Account Number 10001598.  
Please advise the invoice number and company booking name

**Credit Card**    Visa    Mastercard    American Express

*Please note: Surcharge for credit card - 2%*

Card number:

Name on card: \_\_\_\_\_ Expiry  /

Amount \$ \_\_\_\_\_ + 2%      Total \$ \_\_\_\_\_

Please issue a **Tax Invoice** for payment

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_  
(Company name)

**\* Cheques will only be accepted where cleared funds are received by TVE at least 14 days prior to the event.  
All bookings and associated tickets are subject to the conditions of purchase attached.**

