

BEN BODNA INAUGURAL ORATION TICKET ORDER FORM



 Office of the Public Advocate

No. of tickets required: _____ @ \$30 each

Name of attendees: _____

Address to send tickets: _____

Phone: _____

Please complete the following payment details:

Cheque MasterCard Visa

Card No:

Name on card: _____ Expiry: /

Cardholder's signature: _____ Amount: \$ _____

RETURN WITH YOUR PAYMENT TO:

**Foundation Boroondara
PO Box 2182
Hawthorn, 3122**