**Young Finance Professionals**

**Leaders in our midst**

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**Take your career to new heights**

**Finsia are proud to invite you to our signature NSW Young Finance Professionals event of the year “Leaders in our Midst”.**

This is your unique opportunity to meet and seek advice from stand-out industry leaders. Rarely would you find a gathering of such an impressive list of high calibre guests, all of whom are available to share their invaluable insights, anecdotes and practical examples with you, including what qualities it takes to be a leader, how to grow your leadership potential, and how leadership can impact other aspects of your life.

**Tickets are strictly limited and will sell quickly, so register today to reserve your chance meet with industry leaders!**

**Just some of the leaders from last years impressive line up included:**

- Ric Battellino SA Fin, Deputy Governor, Reserve Bank of Australia,
- Lindley Edwards F Fin, Group CEO, AFG Venture Group,
- Cassandra Kelly F Fin, Joint CEO, Pottinger,

Watch this space - 2010 leaders will be announced soon!

**Dont forget your business card!**

Thanks to our prize partner Kailis Jewellery, we will be giving away a pearl necklace valued at $495

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**Event details**

**Thursday 29 July 2010**

**Time**
- 6.00pm Registration
- 6.15pm Welcome
- 6.30pm Structured networking
- 8.00pm Event close

**Venue**
- Hilton Sydney
- 488 George Street
- Sydney NSW

**RSVP**
- Friday 23 July 2010

**PD Points**
- One

**Cost (GST included)**
- $40.00 Members;
- $80.00 Non-members;
- $60.00 Member guest;
- $400.00 Group of member guests (8);
- $560.00 Group of non-members (8).

**To register**
- Complete the registration form and mail or fax to:
- **Finsia**
- PO Box H99
- Australia Square NSW1215
- T > 1300 346 742
- F > 02 9275 7999
- E > events@finsia.com

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www.finsia.com
YFP Panel Series: Leaders in our midst
Registration form and tax invoice

Please complete sections A to D (only complete section B for group bookings)

A  Registration details

☐ Yes, I am a member  ☐ No, I am not a member

My Finsia member ID number is: __________________________
Mr/Mrs/Ms/Miss/Dr/Other (please specify)

First name: __________________________
Last name: __________________________
Company: __________________________
Position: __________________________
Address: __________________________
Suburb: __________________________
State: __________________________
Postcode: __________________________
Phone: (______) _________ Fax: (______) _______
Mobile: __________________________
Email: __________________________

Dietary requirements

I am booking for: ☐ Myself ☐ Myself & others ☐ Just others

B  Group Bookings

Please tick one of the boxes below:

☐ Table or group of 8 – booked by Finsia member
☐ Table or group of 8 – booked by Non-member

Please complete group/table delegates detail on the next page

If less than 8 please tick one of the boxes below:

☐ Group of member guests (available to Finsia members when booking for less than 8): e.g. cost = 1 @ member rate + 3 @ member guest rate
☐ Group of non-members (no discounts apply unless booking a non-member table above)

Other delegates:

1. Name: __________________________
Member ID: __________________________
Position/Title: __________________________
Company: __________________________
Address: __________________________
Phone: (______) _______
Email: __________________________
Dietary requirements

2. Name: __________________________
Member ID: __________________________
Position/Title: __________________________
Company: __________________________
Address: __________________________
Phone: (______) _______
Email: __________________________
Dietary requirements

To add more delegates please complete details over the page

C  Payment – please note bookings will only be confirmed on receipt of payment

Calculate your payment (prices include GST)

Promotion code: __________________________

No. of members: __________________________ @ $40.00pp = $ ______________
No. of member guests*: __________________________ @ $60.00pp = $ ______________
No. of non-members: __________________________ @ $80.00pp = $ ______________
Group. of member guests (8): __________________________ @ $400.00pp = $ ______________
Group. of non-members (8): __________________________ @ $560.00pp = $ ______________

TOTAL = $ ______________

* Member guest rate applies only when booking is made by a Finsia member

☐ Please find enclosed my cheque made payable to Finsia for $________ ______________
☐ or please debit my credit card account $ ______________
Credit card type: Amex ☐ VISA ☐ MasterCard ☐ Diners
Card number: __________________________
Expiry date: _________ /
Name on card: __________________________
Cardholder’s signature: __________________________

D  Signature – please review and sign to complete your registration

I have read and understood Finsia’s privacy policy and terms and conditions

Signature: __________________________
Name: __________________________
Position: __________________________

☐ Please tick if you do not want to receive information about Finsia events and services.
☐ Please tick if you do not want to receive information from sponsor/s

Privacy: Finsia requires the information provided by you on this form to administer and manage your registration in this event. Additionally it will assist us in providing and improving Finsia’s products and services and to advise you of events and services that may be of interest to you. If you do not provide all the relevant information, then the registration may not be processed. Please note that Finsia may provide your personal information on a strictly confidential basis to third party service providers and/or selected event partners/sponsors in order to conduct the event. You can access your personal information by contacting Finsia by email, phone, fax or letter. We recommend that you read Finsia’s privacy policy published on our website (www.finsia.com). Terms and Conditions:

1. Finsia reserves the right to alter this program or presenter(s) without further notice; however the program is intended to run as advertised. Finsia reserves the right to cancel this activity due to insufficient numbers; registrants will be notified if this occurs and payment refunded in full. 2. Registrations for professional development activities must be accompanied by full payment. Registrants will be liable for payment in the event of non-attendance unless cancellation or request for transfer is made in accordance with clause 3. 3. Cancellations or transfers must be advised in writing and received by Finsia at least 48 hours prior to the event. Refunds will not be granted if a registrant fails to attend an event or cancels/transfers within 48 hours of the activity. Substitutions may be made at any time subject to the applicable registration rate where an additional payment may apply. Note: all prices are inclusive of GST. *Discounts will be subject to the information provided at the time of booking. The booking contact must provide names and full contact details of attendees at time of booking in order to qualify for a group booking discount.

ATTN: Finsia events  ☏ 02 9275 7999  ☉ events@finsia.com

Sydney: Thursday 29 July 2010
RSVP before Friday 23 July 2010

How did you hear about this event? ☐ E-newsletter ☐ Email ☐ Website ☐ Employer ☐ Advert ☐ Other

ACN 066 027 389  ABN 96 066 027 389

Please complete sections A to D (only complete section B for group bookings)

This registration form will be a tax invoice for GST when fully completed and when you make a payment. Please retain a copy for your records.

Please complete sections A to D (only complete section B for group bookings)

How did you hear about this event? ☐ E-newsletter ☐ Email ☐ Website ☐ Employer ☐ Advert ☐ Other
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Please complete sections A to D (only complete section B for group bookings)

Sydney: Thursday 29 July 2010
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Reserved table name (for signage):
Your name:
Total number of attending delegates:

3. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements

4. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements

5. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements

6. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements

7. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements

8. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements

9. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements

10. Name:
   Member ID:  
   Position/Title:  
   Company:  
   Address:  
   Phone: ( )  
   Email:  
   Dietary requirements