



Daramalan College Online Business Directory

Application for 2016/17 financial year

Please complete this form and return with payment by 30 June 2016

Contact details

Name: _____

Telephone: (_____) _____ Mobile: _____

Email: _____

Signature: _____ Date: _____

Business details for inclusion in the Directory

Company Name: _____

Company Logo Supplied (please circle): No / Yes

(Please supply a high resolution logo in jpg format. Maximum file size 2 MG.)

Brief Description (equivalent to a standard business card): _____

Street Address: _____ Suburb : _____

State/Territory: _____ Post Code: _____

Postal Address: _____ Suburb : _____

State/Territory: _____ Post Code: _____

Telephone: _____ Website: _____

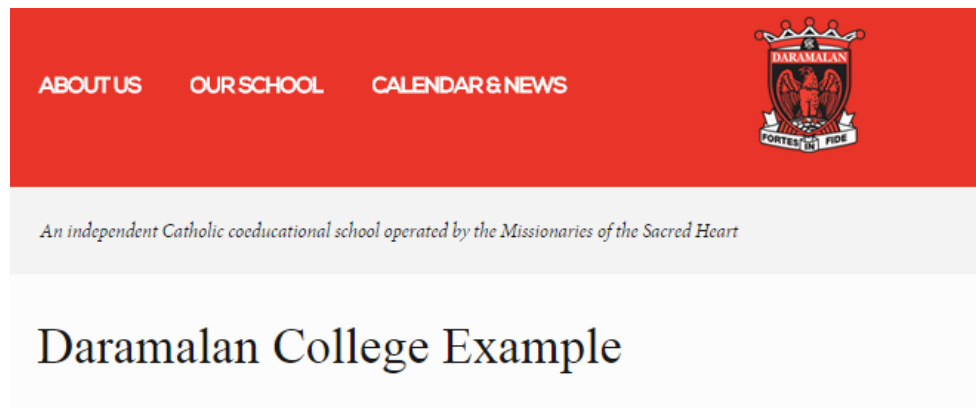
Email: _____

Contact: _____

Industry Category: _____

Company ABN: _____

Example of Business Listing



Daramalan College

An independent Catholic coeducational school operated by the Missionaries of the Sacred Heart.

Cowper Street, Dickson ACT 2602

PO Box 84, Dickson ACT 2602

T: (02) 6245 6300

W: www.daramalan.act.edu.au

E: info@daramalan.act.edu.au

Disclaimer

Inclusion in the Daramalan College Online Business Directory does not imply endorsement, approval, recommendation or representation by Daramalan College of the suitability or quality of any business, products or services for any particular purpose or use. Daramalan College accepts no responsibility for omissions, inaccuracies or misinterpretations to the information supplied by the participants in the Daramalan College Online Directory, or for the misuse of information. Daramalan College reserves the right to reject or delete listings of businesses, products or services.



Daramalan College Online Business Directory

Advertising Period – 1 July 2016 to 30 June 2017

Amount (minimum \$110): \$ _____ A tax invoice will be issued for advertising.

Payment Options

I have enclosed **cash**

I have enclosed my **cheque** payable to the *Daramalan College*.

or

Please debit my **credit card** for \$ 110.00 including GST.

Visa

Mastercard

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date /

CSV Number

Cardholder's signature: _____ Date: _____

Please return your completed form by 30 June 2016.

1. In person via Reception
2. Scan and email to yvonne.mead@daramalan.act.edu.au (credit card only)
3. Post to:

Attention: Yvonne Mead
Daramalan College Online Business Directory
Daramalan College
PO Box 84, Dickson, ACT, 2602

Contact

For any queries please contact Yvonne Mead on (02) 6245 6334 or email yvonne.mead@daramalan.act.edu.au