CQ NAIDOC Calendar Event Registration Form

Please complete the Event registration form and return to yjohnson@cqmedicarelocal.com or Fax: 07 494927 2977.

Name of person registering Event:

Name of Event:

Organisation Details *(if applicabl*e):

## **Organiser Details:**

**(Details will appear on calendar)**

Contact Person:

Contact Number:

Contact Email Address:

## Event Details:

Organiser/Contact person:

Event Start time:

Event Finish time:

Location of Event:

Are there any fees/costs associated with event:

* Please ensure all details are correct
* A final proof of calendar will be emailed out for final review. The contact person is responsible for checking details are correct
* Events registered after 16th June 2014 will not be published in NAIDOC Calendar