

IRIS ORDER FORM - AWARDS/AGREEMENTS



* The Department of Justice and Attorney-General respects your privacy and is committed to protecting your personal information. We collect your personal information to provide you with your requested purchase and payment of your account. Further information on the Information Privacy Act 2009 is available at www.rti.qld.gov.au/privacy

CLIENT DETAILS

Subscriber Number: _____ (If renewal): _____

Name: _____
Title Given Name Surname

Job Title: _____

*Company/Organisation _____

*Postal Address: _____
Suburb/Town State Postcode

*Telephone: _____ Facsimile: _____

*Email Address: _____

DETAILS OF ORDER

*Please select the following options:

<input type="checkbox"/> Award/s	<input type="checkbox"/> Award/s Subscription	<input type="checkbox"/> Summary Sheet/s Subscription	<input type="checkbox"/> Other
<input type="checkbox"/> Booklet Form	<input type="checkbox"/> Disk	<input type="checkbox"/> CD Rom	<input type="checkbox"/> Email to above address
<u>AWARD / AGREEMENT TITLE</u>	<u>CODE</u>	<u>Award/Agreement</u>	<u>OR</u> <u>Subscription</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL: GST EXEMPT		\$	\$
Special Delivery Instructions:			Receipt Sent: <input type="checkbox"/>



PAYMENT DETAILS

*Please tick (✓) one of the following methods of payment:

Cheque/Money Order made payable to Department of Justice and Attorney-General is enclosed.

Credit Card - Please charge my: Bankcard Mastercard Visa AMEX

Credit Card Number: ____ / ____ / ____ / ____ Expiry Date: __ / __ **TOTAL PAYMENT: \$**

Name on Card: _____ Signature: _____ Date: _____

Please Print

* Contact phone number for card holder: _____ **DO YOU REQUIRE A RECEIPT?** **YES / NO**
 Will be mailed separately to order

Please send completed form with payment to:
 IRIS Award Sales, Department of Justice and Attorney-General
 GPO Box 69 BRISBANE Q 4001
 Telephone: (07) 32252307 Facsimile: (07) 32216764
 Email: iris@justice.qld.gov.au Website: <http://www.wageline.qld.gov.au/iris/index.jsp>

OFFICE USE ONLY

* Name of person completing form: _____ * District Office where completed: _____

Receipt No.:	Date:	Amount: \$
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