

IRIS ORDER FORM - AWARDS/AGREEMENTS



Queensland Government
Department of Employment and Industrial Relations

* The Department of Employment and Industrial Relations 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 our privacy policy is available at www.deir.qld.gov.au

CLIENT DETAILS

Subscriber Number: _____ (If renewal): _____

Name: _____
Title Given Name Surname

Job Title: _____

*Company/Organisation: _____

*Postal Address: _____
Qld
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	
AWARD / AGREEMENT TITLE	CODE	Award/Agreement	OR	Subscription
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
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 Employment and Industrial Relations 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

DO YOU REQUIRE A RECEIPT?

* Contact phone number for card holder: _____ Will be mailed separately to order YES / NO

Please send completed form with payment to:

IRIS Award Sales, Department of Employment and Industrial Relations
 GPO Box 69 BRISBANE Q 4001
 Telephone: (07) 32252307 Facsimile: (07) 32216764
 Email: iris@dir.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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