

PO BOX 123, Broadway NSW 2007

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ORDER FORM
GENERAL INSTRUCTIONS

Please send the order together with the payment to:
 University of Technology, Sydney
 School of Leisure, Sport and Tourism - Australian Centre for Olympic Studies
 PO Box 222
 LINDFIELD NSW 2070

ENQUIRIES

Phone: +61 2 9514 5118
 Fax: +61 2 9514 5195
 Email: slst@uts.edu.au

PLEASE PRINT BOLDLY IN BLACK INK

Surname/Family Name

First Given Name

ADDRESS

Number and Street

Suburb or Town

State or Country

Postcode

Telephone Number (Work/Mobile)

Email Address

Name of Publication (Item Number)	Number of Items	Net Amount	GST	Price	Sub Total
1. The Green Games: A Golden Opportunity		13.64	1.36	15.00	
2. Coping with Olympic Traffic		7.27	0.73	8.00	
3. Red, Black & Gold		13.64	1.36	15.00	
4. Local Impacts of the Sydney 2000 Olympics		13.64	1.36	15.00	
5. Contribution of the Higher Education Sector		13.64	1.36	15.00	
6. Running Towards Sydney 2000		5.00	0.50	5.50	
7. A Proper Spectacle'		34.95	3.50	38.45	
8. Australian Women at the Olympic Games		24.95	2.50	27.45	
9. Coubertin and Olympism		34.95	3.50	38.45	
10. Reconciliation in Olympism		19.95	2.00	21.95	
11. Bitter Sweet Awakening		45.41	4.54	49.95	
12. Benchmark Games		45.41	4.54	49.95	
13. Connecting Cities: Mega Event Cities		22.73	2.27	25.00	
14. Sydney 2009 World Masters Games		22.73	2.27	25.00	
15. ADD POSTAGE (Australia) 1-2 books		5.45	0.55	6.00	
16. ADD POSTAGE (Australia) 3-4 books		10.91	1.09	12.00	
17. ADD POSTAGE (Overseas) 1-2 books		10.91	1.09	12.00	
18. ADD POSTAGE (Overseas) 3-4 books		21.82	2.18	24.00	
TOTAL				AUD \$	

FULL AMOUNT PAYABLE MUST ACCOMPANY THIS ORDER

Payment should be by personal or bank cheque, money order, credit card or EFTPOS.

 Cheques should be made payable to: **University of Technology, Sydney**

or

 Please debit my Bankcard Mastercard Visa Amex
 (please circle)

Amount: \$

Card number:

Expiry date:/...../.....

Cardholder's Signature

Today's Date:/...../.....

* This document will become a tax invoice for GST purposes upon completion of this form and payment of the prescribed fee.

Please photocopy and retain the photocopy for your records.
OFFICE USE ONLY

CC Auth. No.

CC Date

Receipt No.