



THE MILITARY AND HOSPITALLER ORDER OF ST. LAZARUS OF JERUSALEM
SOUTH AUSTRALIAN COMMANDERY

NATIONAL CHAPTER MEETING – ADELAIDE – 15-18 MAY 2014

N.B. REGISTRATION DEADLINE: 31 MARCH 2014

Name of Member: _____

(Title, Christian Name(s), Surname,)

(Post Nominals)

Address: _____

Telephone: Business: _____ Home: _____ Mobile: _____

Email: _____

Preferred Name for Name Tag: _____

Special Dietary Requirements: _____

Are you to be invested in Adelaide? _____

(Yes/No)

Are you to be advanced in Adelaide? _____ To the Rank of: _____

(Yes/No)

Details of accompanying person(s):

Name: _____

(Title, Christian Name(s), Surname, Post-Nominals)

Address _____

(‘as above’ if appropriate)

Preferred Name for Name Tag: _____

Special Dietary Requirements: _____

Arrival/Departure Details: Arriving on: _____ at _____

(Day)

(Approx. Time)

Departing on: _____ at _____

(Day)

(Approx. Time)

Contact Details (Hotel or Private Accommodation): _____ Tel: _____

(if other than Hilton International)

Please also complete separate payment page



Chapter Co-ordinator
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