



# ipac / Alliance Rewards Club Enquiry Form

**We look forward to speaking with you soon**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

DX: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Any additional information or comments?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return your completed form to ipac at:**

Susie King  
Client Care Manager

ipac  
Level 31 Grosvenor Place  
225 George Street  
Sydney NSW 2000

Phone: 1800 262 618  
Fax: 02 9373 7111



**Thank you**