



Binary Designs

Sibelius 5

Price Eligibility Form for Students and Teachers



Secondary Student Tertiary Student Institutional/Private Teacher

Fill out and Fax to Binary Designs (07) 3822 4636

Or post to: Binary Designs 10 Lewisham Ct Birkdale Qld 4159

1. STUDENT DETAILS:

First Name:		Last Name:	
Postal Address:			
Suburb/Town:		State:	Post Code:
Phone:		Email:	

2. YOUR SCHOOL DETAILS

School Name:	
School Address:	Ph:
I have provided Binary Designs my ID verifying attendance at the school above YES <input type="checkbox"/>	
Signed (Student/Teacher to Sign)	Date:

4. DEALER TO COMPLETE:

Dealer Name: Binary Designs Pty Ltd	
Contact: Karen Henderson Phone: (07) 3822 4884 Fax: (07) 38224636	
Contact Email: sales@binarydesigns.com.au	Website: www.binarydesigns.com.au
<input type="checkbox"/> I have sighted the photo ID of the student/teacher named herein, verifying the attendance/employment at the school listed. Photo ID/Documentation included with order. Dealer signature : _____ Date: __ / __ / __	

5. PAYMENT DETAILS: (Parent/Guardian to complete) Please supply

SCEE5SEC	Sibelius 5 Secondary Student	<input type="checkbox"/>	\$295
SCEE5TER	Sibelius 5 Tertiary Student	<input type="checkbox"/>	\$395
SCEE5	Sibelius 5 Education/Teacher	<input type="checkbox"/>	\$495
SIBELIUS ADD ON'S			
GACEO2BUN	Garritan Personal Orchestra Add-On	<input type="checkbox"/>	\$199
PUCEO5BUN	Photoscore Ultimate 5 Add-On	<input type="checkbox"/>	\$295
INCEO1BUN	Sibelius Instruments Add-On	<input type="checkbox"/>	\$59
COCEO1BUN	Sibelius Compass Add-On	<input type="checkbox"/>	\$199
AUWEZ3	Auralia 3 Student (Win)	<input type="checkbox"/>	\$99
AUMEZ2	Auralia 2 Student (Mac)	<input type="checkbox"/>	\$99
MUWEZ3	Musition 3 Student (Win)	<input type="checkbox"/>	\$99
	Freight	<input type="checkbox"/>	\$11
TOTAL			\$

I would like to pay by: <input type="checkbox"/> Cheque payable to Binary Designs <input type="checkbox"/> Money Order payable to Binary Designs	
<input type="checkbox"/> Direct Deposit to account "Binary Designs Pty Ltd" NAB 084 468 50506 2266 (Attach proof of deposit)	
<input type="checkbox"/> Credit Card : <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	
Card Number: _____	Expiry date : __ / __
Cardholder Name: _____	Cardholder Signature _____