



GUNZ DENTAL REWARDS PROGRAM

Registration Form



Section 1 - CUSTOMER REGISTRATION:

Join the Gunz Dental Rewards Program

Complete and return this registration form, signed, to Gunz Dental. For full terms and conditions please visit gunz.com.au/rewards

BUSINESS NAME: _____ GUNZ DENTAL ACCOUNT NUMBER: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

EMAIL: _____

TELEPHONE: () _____ FACSIMILE: () _____

Eligible Gunz Dental customers# who join the Gunz Dental Rewards program can nominate themselves (if an individual) or one eligible individual to earn Qantas Frequent Flyer points*. Please note that only one Qantas Frequent Flyer membership number can be nominated to earn points for each Gunz Dental account. The nominated points earner will need to join the Gunz Dental Rewards Program and complete the relevant details at section 2 below.

I confirm that Customer wishes to join the Gunz Dental Reward program and I acknowledge that I have read and agree to the Gunz Dental Rewards program terms and conditions available at gunz.com.au/rewards.

SIGNATURE OF AUTHORISED CUSTOMER REPRESENTATIVE: _____

FULL NAME (please print): _____ POSITION: _____ DATE: _____

Section 2 - NOMINATED POINTS EARNER REGISTRATION:

Qantas Frequent Flyer Details

Qantas Frequent Flyer Member Name	Qantas Frequent Flyer Number	Gunz Dental Account Number

I understand that I must be nominated by Customer and I must be a participating Qantas Frequent Flyer member and provide valid membership details to Gunz to start earning Qantas Frequent Flyer points on amounts spent by Customer on eligible Gunz products*. Membership and points are subject to the Qantas Frequent Flyer program terms and conditions available at qantas.com/frequentflyer. A joining fee usually applies. However, Gunz has arranged for this to be waived for a limited time for new Gunz nominated points earners who join by visiting qantas.com/joinffgunzdental.

I authorise Gunz Dental and Qantas Airways Limited (ABN 16 009 661 901) to exchange, disclose, use, collect and store my membership account information (including membership number and full name) and personal information (full name, date of birth and residential address) to confirm my program membership and facilitate the crediting of points to my Qantas Frequent Flyer account in accordance with the Gunz Dental Rewards program terms and conditions.

SIGNATURE OF NOMINATED POINTS EARNER: _____

FULL NAME (please print): _____

POSITION: _____ DATE: _____

Send your signed form to (no postage required):

Reply Paid
Gunz Dental Rewards Registration
Locked Bag 5000
Alexandria NSW 2015

Important information:

Eligible Customers means dental practices or dentists who have an account with Gunz Dental and do not fall within the list of excluded customers (such as corporate, government, not for profit and healthcare fund customers) as set out in the Gunz Dental Rewards Program terms and conditions.

* Gunz Dental Rewards program membership is subject to the Gunz Dental Rewards terms and conditions available at gunz.com.au/rewards. Qantas Frequent Flyer points are earned in accordance with and subject to the Qantas Frequent Flyer program terms and conditions. Exclusions and limitations apply. Points are earned on eligible products only and exclude alloys. Qantas Frequent Flyer membership and the earning and redemption of points are subject to the Qantas Frequent Flyer program terms and conditions available at qantas.com/frequentflyer.