



Registration Form 2010

Course Name

Course Date

Facility Details

Is your facility an ACAA-NSW member [] Yes [] No

Facility Name

Contact Details

Contact person for registration & billing: Name

Phone

Fax

Email Address

Invoice to

Company Name

ABN

Postal Address

Suburb

State

Postcode

Accounts Department Email Address

Registrants (please write in CAPITAL LETTERS)

First Name	Family Name	Position	Email Address for Confirmation	Cost (GST Inc)
				\$
				\$
Total Cost (GST Inc)				\$

ACAA-NSW Cancellation Policy

- **Refunds will only be paid** if cancellation occurs more than 5 working days prior to the course. Cancellations within 5 working days will not be refunded. However a substitute delegate is welcome to attend.
- **ACAA-NSW members** - a refundable payment can be offset against the cost of a future course within a 6 month period. Please notify ACAA-NSW if this is the preferred option.
- **If a course is cancelled**, ACAA-NSW is not liable for any related costs incurred by a facility and/or individual (eg. accommodation, transport).

I have read the above policy

Private information provided on this Registration Form will be used to develop a participant list. If you do not want to be included on a list please tick

ACAA-NSW Privacy Statement can be located on www.acaansw.com.au

Payment Details (Please indicate your payment method)

[] **CHEQUE / MONEY ORDER ENCLOSED** \$_____ (GST Inc) Cheque #_____ (Cheque payable to ACAA-NSW)

[] **Direct Debit** - Westpac BSB: 032-003 A/C # 16-3178 Amount \$_____ Payment Date _____
Please email / fax a remittance advice with COURSE & REGISTRANT NAME as the reference

A Tax Invoice will be issued on receipt of registration.

*Please ensure payment is made **on or before the date** of delivery of the course*

Mail to Education Coordinator - Aged Care Association Australia - NSW

ABN 41 823 346 287

Postal Address: PO Box 7, Strawberry Hills NSW 2012

Phone: 02 9212 6922 Fax: 02 9212 3488

Email: education@acaansw.com.au