## 1. REGISTRATION DETAILS

Please indicate the **course/workshop title**, **date and location** that you would like to undertake: (Scheduled sessions can be found on the AIST website at **www.aist.asn.au**)

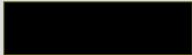
COURSE/WORKSHOP INFO	ORMATION									
Course/Workshop Name										
Facilitated C	Online Learning Refer to factsheet for facilitated methods available									
Continue to PERSONAL INFORMATION if you are registering for online learning										
Commencement Date	ACT NSW NT QL	D SA TAS V	/IC WA Ci	ty/suburb						
PERSONAL INFORMATION	l e									
Surname	First name	Other name		Mr Mrs Ms Miss Other						
Job title/occupation		Organisation								
Postal Address										
Suburb	City	State P	ostcode	Country						
Telephone (BH)	Mobile	Facsimile		*Email						
Are you an AIST Member? YES No	Membership number (if known)									
*Once registered all further T 🏗 T I T T T T T T T T T T T T T T T T T										
EXTRA REQUIREMENTS			Not A	oplicable for online learning						
Dietary/Allergy requirements		Medical or mobilit	ty requirements							

Continue to next page to complete registration



2. PAYMENT SUI	MMARY								
Registration Total	\$		This registration form becomes a Tax Invoice upon completion.  To secure your registration, payment must be received within 14 days. Visit www.aist.asn.au.						
Please note that reg	istrations will not	be processe	d if the informa	tion below is not o	complete:				
Are you responsible for payment of this invoice?  Surname			Yes	No First name					
Telephone/Mob		Ema	il						
PAYMENT OPT	TIONS				Credit Card	EFT	Cheque		
Credit Card	_		_	_	_		_		
MasterCard	Visa	AMEX	The relevant	credit card fee will	l apply to MasterCard,	, Visa and A	MEX.		
Card number		CCV	Name on Card:				Expiry date		
I authorise AIST to debit my credit card with the above amount including the nominated merchant fee.			ase type your full n	type your full name for electronic registration)  Date:					
EFT				Cheque	Cheque				
Please email a remittance advice citing participant name as the reference to info@aist.asn.au  Account Name: AIST Business Management BSB: 083-004			Australian Ins Ground Floor	Please make cheques payable to: Australian Institute of Superannuation Trustees Ground Floor 215 Spring Street, Melbourne VIC 3000 Registration Helpdesk Tel: 61 3 8677 3800					
Account Number: 86-569-8137  Bank: National Australia Bank					Fax: 61 3 8677 3801 Email: info@aist.asn.au				
PROMOTIONAL	CODE						If applicable		
CANCELLATION P	OHCV								
Refunds of registration days prior to the event.	fees will only be ma								
after this date. Howeve									

is submitted in writing.



## THIS REGISTRATION FORM BECOMES A TAX INVOICE UPON COMPLETION

Please note that payment must be received prior to attending this course.

Non-payment of this invoice may result in your registration being cancelled.

Please note, by attending this event you agree you may be photographed and/or recorded by AIST and you waive all rights to these images. Images obtained at AIST events may be used for commercial purposes without compensation.

Please tick this box if you DO NOT wish to receive electronic communications from AIST

