

## TAX INVOICE /RECEIPT

Australian Association of Social Workers Ltd—Nth Qld Incorporated in the ACT ACN 008576010 ABN 93008576010 (This form becomes a Tax Invoice / Receipt upon completion)

## MEMBERS FUNCTION REGISTRATION FORM

## PLEASE REGISTER ME FOR THE FOLLOWING TRAINING / DATE /TIME:

SEMINAR PAMELA TREVITHICK —WEDNESDAY 21 MARCH 2012					
CITY OF VENUE: James Cook University, Townsville Campus					
My details are as follows (PLEASE PRINT IN CAPITAL LETTERS):					
First Name		Surname			
Organisation					
Postal Address					
Suburb		State		Postcode	
Email					
Phone BH	AH		Mobile		
Do you have any Dietary Req	quirements?				
Are you an AASW member? □YES □ NO TOTAL AMOUNT PAYABLE (incl of GST) \$					\$
N.B. If more than one person from an organisation is attending please complete a registration form for each individual. Thank you.					
Please TICK payment option below:  ☐ I am paying by e-transfer: BSB 062919 A/c 10149878 You must enter reference "YOUR NAME NQ" OR  ☐ I have enclosed a cheque made payable to Australian Association of Social Workers Ltd (NQ) OR  ☐ Please debit my credit card. My card details are as follows:					
Credit card number : Expiry Date: Name on card: Cardholder's Signature	/	/	/		
Please return this form to: AASW Nth Qld Branch P O Box 1302 Hyde Park Qld 4812 Phone: 0428 489 683 aaswnqld@aasw.asn.au  AASW (Nth Qld) Cancellation Policy A full refund is available for cancellations received in writing at least 10 business days prior to course commencement will be subject to 20% administration fee. The eventfee is non-refundable 72 hours prior to course commencement.  AASW (Nth Qld) reserves the right to cancel courses due to insufficient registrations or conditions be yond it's control. AASW (Nth Qld) will not be responsible for any travel or accommodation costs incurred. Where AASW (Nth Qld) cancels an event, a full refund will be provided. Thank you.					nt will be subject to a commencement . cons or conditions be-
Office Use only Date Received Date Payment De	Member posited	er Y/N	Member Type Receipt No:	Mem	ber ID