

# Training Registration Form 2017



Australian Childcare Alliance  
New South Wales

Please forward your completed booking form to:

**Fax:** 1300 557 228    **Email:** [nsw@childcarealliance.org.au](mailto:nsw@childcarealliance.org.au)

**Post:** PO Box 660, Parramatta NSW 2124

## Contact Details

Name: Mr/Mrs/Ms \_\_\_\_\_ CCNSWID \_\_\_\_\_

Centre Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Session Details

Session Name: ACA NSW Network Meeting    Location: Newcastle    Date: Wednesday, 17<sup>th</sup> May 17

Name of Participant/s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

## Payments Details

**Cheque:** Australian Childcare Alliance NSW – PO Box 660, Parramatta NSW 2124

**Direct Debit:** BSB: 302-985 Account Number: 0459439 Account Name: Australian Childcare Alliance NSW  
Reference: **NMN** Followed by your company name.

**Credit Card:**  Visa     Mastercard

          

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_    Signature: \_\_\_\_\_

**A receipt / tax invoice will be sent to the address provided**

Signature of Nominated Representative \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_