

# 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: Why is there a labour shortage

Location: Webinar

Date: Monday 3<sup>rd</sup> April 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: **TR12** 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: \_\_\_\_\_