

# 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: Quality Improvement Plans Location: Parramatta Date: Wednesday, 14<sup>th</sup> June 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: **TR33** Followed by your company name.

**Credit Card:** ☐ Visa ☐ Mastercard

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

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

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

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

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

Association of Quality Child Care Centres of NSW Inc.

Trading as Australian Childcare Alliance New South Wales ABN: 60 277 501 947

Postal Address: PO Box 660 Parramatta NSW 2124 Office Address: 19 Fennell Street Parramatta NSW 2150

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