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 **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: Win-Win! **Location:** Wollongong **Date:** Wednesday 28 Jun 2017

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: **TR41** 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:** _____