

### **Retreat Weekend**

#### **REGISTRATION FORM**

## **Contact Details**

following section as indicated.	use provide details for the primary contact in this	section, and list other attendees in the			
Name:	Australian Childcare All	Australian Childcare Alliance Membership # (if applicable):			
Position/Role:					
Service Name:					
Address:					
Suburb:	State:	Post Code:			
Telephone:	Mobile:				

## **Attendance Details**

Please list all attendees (including the primary contact) and tick whether each attendee will be attending the Educator **or** Approved Provider/Management workshops.

Attendee Name	Email Address	Educator Workshop Stream	Approved Provider/ Management Workshop Stream	Dietary Requirements If yes, please specify	Accessibility Requirements If yes, please specify
Sally Smith	ss@me.com	V		Vegetarian	Wheelchair



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Payment Details							
All prices are in Australian dollars and include GST.							
Australian Childcare Alliance Member		\$399 x att	endees =	\$			
Non-Member		\$499 x att	endees =	\$			
Total				\$			
Payment Deta	nils						
Please note that payment must accompany your registration form. Registrations cannot be confirmed until payment is received.							
Cheque:	Payable to Australian Childcare Alliance NSW, PO Box 660, Parramatta NSW 2124						
Direct Debit:	BSB: 302985 Account Number: 045 9439 Reference: "Coogee 2017" and your service name						
Credit Card:	☐ Visa ☐ Mastercard						
	Name on card:						
	Expiry Date:/	Signature:					
A receipt / tax invoice will be sent to the address provided							
Terms and Conditions							

By providing your email address, you agree to receive emails in relation to this and future events of this type. You may opt out at any time by contacting <a href="mailto:nsw@childcarealliance.org.au">nsw@childcarealliance.org.au</a> and requesting to be removed from retreat/conference emails.

All cancellations and changes to registrations must be made in writing by email or fax. All cancellations received in writing before  $9^{th}$  June 2017 will be accepted, and registration fees refunded less a \$100 administration fee. Regrettably, no refunds can be given after this date; however substitute attendees are most welcome with written notification.

By registering for the ACA NSW Retreat Weekend, attendees agree to abide by the conditions set out in this registration form.

Registrations close Friday 2<sup>nd</sup> June 2017

Fax your completed booking form to 1300 557 228 or email a scanned copy to <a href="mailto:nsw@childcarealliance.org.au">nsw@childcarealliance.org.au</a>