Autism Association
Of Western Australia

REGISTRATION FORM / TAX INVOICE

Please copy this form to submit a separate registration for each person being registered

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Workshop Title _____

Date and Time of Workshop_____

Name of attendee (print clearly in BLOCK Letters)

_____

Company/School/Agency: _____

Address: _____

_____ Postcode_____

Contact number_____

Email: _____

PLEASE ENCLOSE CHEQUE FOR $…… (inc. GST)

Please make cheque payable to: **Autism Association of W.A. (Inc)**

And mail registration form and payment to: **Autism Association of Western Australia (Inc)**
Locked Bag 9 West Perth WA 6872 (ABN 54 354 917 843)

PLEASE DEBIT MY: VISA / MASTERCARD

Expiry_____ Amount $_____ *(incl. GST)*

Name on card_____

Signature: _____

Payments are essential in order to secure a place. Registrations close 5 working days prior to seminar.
Early Registration is important, as places are limited.

- Space is limited. To secure a place register of pay online or ring Rosemary Miles on 94898938
- If not registering online; fill in this Registration form
- Fax ASAP to (08) 94898999
- Then mail payment to Autism Association, Locked Bag 9, West Perth 6872

Note: A cancellation fee of 30 % will apply to all cancellations within 5 working days prior to the seminar. There will be no refund for cancellations within 24 hours for non-attendance.

PLEASE KEEP A COPY OF THIS REGISTRATION FORM AND USE AS A TAX INVOICE IF REQUIRED.