Autism Association of Western Australia (Inc)

37 Hay St, SUBIACO WA 6008 ABN 54 354 917 843 **T** 08 9489 8900 **F** 08 9489 8999 **W** www.autism.org.au

REGISTRATION FORM / TAX INVOICE

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

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.

- To secure a place register and pay online today or;
- Ring Rosemary Miles on 9489 8938 | Email rosemary.miles@autism.org.au or;
- Fill in this Registration form and Fax ASAP to 08 9489 8999
- 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.