

## Calendar Professional Development Registration Form and Tax Invoice

Once paid, this form is considered as a Tax Invoice

Name of Participant/s

Service Name or Family Day Care Scheme:

Address:

Suburb:  Post Code:

Phone:

Email:

Event Date:

Venue:

Professional Development Workshop:

**All training booking forms and payment must be submitted to CHILD Australia 7 days (metro) 14 days (rural & remote) prior to the scheduled training date.**

Attach EFT payment remittance advice or complete credit card details and send to CHILD Australia by mail or fax.

**Cancellation Policy:**

Cancellations received 14 days prior to the session will receive a full refund – after that date no refunds will be made. If you cannot attend a session for which you have registered, you may substitute another person from your organisation. Cancellations must be made via email to pscwa@childaustralia.org.au.

**Non-attendance still incurs a liability to pay for the booking made.**

**Confirmation:**

The PSCWA will provide a confirmation email to services to confirm details of your booking once payment has been received.

If you have not received this confirmation please call the PSCWA to ensure we have received your registration and payment.

2 hr Workshop \$25.00 inc GST	\$ <input type="text"/>
Register 4 participants from your service and receive a 20% discount! \$80.00 inc GST	\$ <input type="text"/>
Half-Day Session (3-4 hrs) \$45.00 inc GST	\$ <input type="text"/>
Full-Day Session (4+ hrs) \$80.00 inc GST	\$ <input type="text"/>
4 staff and 1 hr consultancy \$180.00 inc GST	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>

### Payment Method

Direct Deposit to BSB 306-051 A/C 417942-8

Remitter Name/ Reference Details

Date of deposit  /  /

MasterCard  Visa Card

Credit Card Number

Expiry Date:  /  CCV

Name on Credit Card

Signature

\* If registering as an individual, please provide your surname as the reference for your direct deposit and retain this form for tax purposes. If registering as an organisation, please provide your service name as the reference.