

REGISTRATION FORM / TAX INVOICE

Please print this form and keep a copy for your tax records.

ABN 46 108 934 069

This document becomes a Tax Invoice when the Applied Innovation Centre receives payment.

Course Name _____

Course Date(s) _____

CUA Reference number [If applicable] _____

NAME		
ORGANISATION		
EMAIL		
TELEPHONES	Office	Mobile

NAME		
ORGANISATION		
EMAIL		
TELEPHONES	Office	Mobile

NAME		
ORGANISATION		
EMAIL		
TELEPHONES	Office	Mobile

See course details for costings

Number of persons @ \$ ___ inc GST = \$ ___ CUA Members only
 @ \$ ___ inc GST = \$ ___ Non-CUA Members

OR

Number of persons @ \$ ___ inc GST = \$ ___ For 3 or more Non-CUA Members

PAYMENT DETAILS

VISA		Card No.	
M'CARD		Card Name	
CHEQUE		Expiry Date	
		Amount	
		Signature	

FAX or MAIL this Registration Form to:

FAX 08 9262 3423

MAIL Applied Innovation Centre 87 Goollelal Drive, Kingsley WA 6026

Registrations will be confirmed when payment is received.

Please call or email the Applied Innovation Centre if you do not receive a confirmation email within two working days of payment being made.

T 9409 2998

E info@appliedinnovation.com.au

Cancellations

No refunds will be given on cancellations received after 7 days prior to the event, as venue, equipment and catering arrangements will have been committed. However, registered delegates are welcome to substitute another participant. Advice of any substitution is essential.

Results through **INNOVATION**