

Policy in Practice – Registration Form



Register Online
www.wa.ipaa.org.au

This registration form is a **tax invoice**
ABN 23 762 167 128. Please print
clearly and keep a copy for your own
records.

Register Offline

Please print clearly and return completed form with payment
to: info@ipaawa.org.au
Ph: (08) 9360 1400
Fax: (08) 9360 1410



1. Registration Type

	QTY	Cost
IPAA WA Individual Member		<input type="checkbox"/> \$3,900 (\$4,290 inc GST)
IPAA WA Corporate Member		<input type="checkbox"/> \$4,100 (\$4,510 inc GST)
Non Member		<input type="checkbox"/> \$4,500 (\$4,950 inc GST)

2. Delegate Information

If you are registering multiple delegates, the IPAA WA Training Coordinator will contact the Delegate listed below for their details.

Last Name: _____ Title (Prof/Dr/Mr/Mrs/Ms/Miss): _____

First Name: _____

Organisation: _____ Position: _____

Postal Address: _____

Suburb: _____ State: _____ Country: _____ Post Code: _____

Telephone: () _____ Fax: () _____

Mobile: _____ Email: _____

Dietary/Special Requirements: _____

3. Method of payment (tick appropriate box)

Credit Card Please charge: to my: MasterCard Visa American Express

Card Number:

Cardholder's Name: _____ Expiry date: _____

Signature: _____

A transaction fee is payable on all credit card payments: 2% for Visa and MasterCard; 3% for American Express.

Cheque (Australian Delegates Only) made payable to **IPAA WA, PO Box 288, BULL CREEK WA 6149**

TERMS AND CONDITIONS

Payment

Registration payment is due within 14 days of booking or before the start of the Course (whichever occurs first).

Cancellation policy

If you wish to cancel this registration, you must do so in writing on or before the 11th of August 2017. If you cancel after this day, no refund will be given.

I understand and accept the conditions of the cancellation policy as outlined in the Terms and Conditions.

Signature: _____ Date: _____