



Professional Development Registration Form

This form allows you to register to attend any of the Professional Development events.

Registrant's Details:

Ms Mrs Miss Mr Dr Other (specify)

Surname: First Name:.....

WorkPlace:

Address for receipt:

..... Post Code:

Contact Details: Email:

Tel: Fax: Mobile

Course Details:

Name of Course:

..... Date/s: Cost:

WA Occupational Therapy Association (formerly OT AUSTRALIA WA) Member: Yes / No

- Please Note:**
- * Priority will be given to WA Occupational Therapy Association members
 - * Forwarding your registration form does NOT necessarily guarantee a place
 - * On some courses places may be limited and in that case the Association's office will advise whether or not you are confirmed for that particular course

Method of Payment: Cheque / Money Order / Credit Card

If paying by Credit Card the following is my authority to debit my **Visa / Mastercard:**

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Signature Expiry Date

Card Holder Name Amount

Special Dietary requirements (if applicable):

Please complete and return form to: **WA Occupational Therapy Association**
4A/266 Hay Street, SUBIACO WA 6008
Tel: (08) 9388 1490 Fax: (08) 9388 1492
Email: info@waota.com.au

- Cancellation/Refund Policy:*
- If a registrant gives more than 4 weeks notice of cancellation, they are entitled to a 75% refund
 - Between 2-4 weeks' notice attracts a 50% refund of registration fees
 - Two weeks or less notice - no refund
 - Any registrant who just does not show up on the day will be expected to pay for all catering and resource expenses organised on their behalf