

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 I	Name:	
WorkPlace:					
Address for receipt:					
			Post Co	ode:	
Contact Details	: Email:				
Tel:		. Fax:		Mobile	
Course Details	<u>s</u> :				
Name of Cours	e:				
				Date/s:	Cost:
WA Occupation	nal Therapy Ass	ociation (formerl	y OT AUSTR	ALIA WA) Memb	er: Yes / No
Please Note:	* Forw * On s	arding your regis ome courses pla	stration form o	loes NOT necess mited and in that	ssociation members sarily guarantee a place case the Association's or that particular course
<u>Method of Payment</u> : Cheque / Money Order / Credit Card					
If paying by Credit Card the following is my authority to debit my Visa / Mastercard:					
Signature Expiry Date					
J					y 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 Email: info@waota.com.au					

- 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 Between 1-2 weeks' notice attracts a 25% refund of registration fees

- Any registrant who just does not show up on the day will be expected to pay for all catering and resource expenses organised on