



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: Mobile

Course Details:

Name of Course:

..... Date/s: Cost:

WA Occupational Therapy Association 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:**

/ / /

Signature Expiry Date CVC

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

*Cancellation/Refund Policy:
If the PD course is postponed/cancelled due to a COVID related issue then 100% of the registration fee will be refunded*

- If the registrant cancels their attendance at an Association event, the following refunds will apply*
- *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*
 - *Less than 1 week – 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*