

REGISTRATION FORM
Aged Care Forum
Tuesday 2 July 2019





**HELLENIC CLUB,
APOLLO ROOM
Matilda St, Woden, ACT, 2606
9.30am to 4pm**

TITLE:.....
FIRST NAME:..... LAST NAME:.....
FACILITY/ORGANISATION.....
POSITION IN ORGANISATION.....
BUSINESS
ADDRESS:.....
STATE:..... POST CODE:.....
PHONE:..... MOBILE PHONE:.....
EMAIL:.....
SPECIAL REQUIREMENTS (Dietary or otherwise).....
 I consent to my details being circulated via the delegate list. (Please tick box)

PAYMENT DETAILS

(Please tick the box to indicate the amount you are paying)

CHA MEMBER.....\$150.00 (CRG).....
CHA MEMBER.....\$165.00 (GST).....

Method of payment (Please indicate)  

Credit Card Number:.....

Credit Card Expiry Date:.....

Signature:.....

Email address for credit card receipt:.....

Payment by Direct Debit

Catholic Health Australia

Account Number: 507749125 BSB:082 968 (Please quote your surname & organisation)

Payment by Cheque

Catholic Health Australia

PO BOX 245

CIVIC SQUARE ACT 2608