



TAX INVOICE/RECEIPT
 Australian Association of Social Workers Ltd (WA)
 ABN 93 008 576 010
 (This form becomes a Tax Invoice/Receipt upon completion)

REGISTRATION FORM

PLEASE REGISTER ME FOR:

World Social Work Day; Tuesday 16th March 2010

TO BE HELD AT: Matilda Bay Restaurant, Roe Room, 3 Hackett Drive, Crawley (7-10am)

My details are as follows: (PLEASE PRINT IN CAPITAL LETTERS):

First Name	<input style="width: 95%;" type="text"/>	Surname	<input style="width: 95%;" type="text"/>	
Postal Address	<input style="width: 95%;" type="text"/>			
Suburb	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Post Code
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>			
Phone BH:	<input style="width: 95%;" type="text"/>	AH	<input style="width: 95%;" type="text"/>	Mobile
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please TICK payment option below:

- I have enclosed a **cheque** made payable to Australian Association of Social Workers Ltd (WA) **OR**
- Please debit my credit card. My card details are as follows:

Your seat will be secured once the funds have been received. Thank you.

Total Payable (inc GST) \$44.00

<input type="checkbox"/> Bankcard	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Credit card number:	___ ___ ___ / ___ ___ ___ / ___ ___ ___ / ___ ___ ___	
Expiry date:	___ ___ / ___ ___	
Name on card:	_____	Card holder's Signature _____

Please return this form to:

AASW WA Branch
 2 Delhi St
 WEST PERTH WA 6005
 Phone: (08) 9420 7240
 Fax: (08) 9486 9766
aaswwa@highway1.com.au

AASW (WA) Cancellation Policy
 No refunds will be available for this event as payment must be made to the restaurant prior to the event. We apologize for any inconvenience.

 AASW (WA) reserves the right to cancel events due to insufficient registrations or conditions beyond its control, in which case a full refund will be provided. AASW (WA) will not be responsible for any travel or accommodation costs incurred. Thank you.

Office Use Only Date Received _____	Date Payment Deposited: _____
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