

Registration Form / Invoice



ABN 59612246689

Service Name:

Event Title:

Address:

Date:

Suburb:

Post Code:

Time:

Email:

Location:

Phone:

State:

Membership in a Professional Body has many rewards.



[Discover them NOW](#)

Full Fee	ECW Members Fee	ECW subscription number
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Participant Name

Email

Check Event Flyer for Event Fees

Issued when joining ECW

Participant Name	Email	Check Event Flyer for Event Fees	Issued when joining ECW

Provide details of any access or dietary needs

\$	Subtotal
\$	add 10 % GST
\$	TOTAL

Name on Card

M/Card Visa

Signature

Expiry /
MM YY

CCN

- Send an Invoice
- Paid by Direct Credit

Direct Credit Payments to be made to:
Australian Education and Care Workforce Professional Body
 BSB 064 149
 ACC 10151502

[Discover Member Benefits NOW www.aecwpb.com](http://www.aecwpb.com)

Retain as Tax Invoice

THANK YOU for choosing professionalism
'Together we can grow our professional footprint' ©

Confirmation of Registration can not be given until payment is received in full.
 Payment MUST BE MADE 14 days prior to the event for places to be held
 Inside of 14 days registration IS transferrable NOT refundable
 Cancellation fee of \$25.00 applies to all cancellations
 Refunds will only be issued if cancellation is received 14 days prior to the event
 Attendances not paid for in full 7 days prior event will be charged \$50 late fee

Return completed form to
admin@aecwpb.com

Ph: 1300 AEC WPB