

Registration Form / Tax Invoice

ABN 80 263 088 594 ARBN 152 948 680 Red'd Assoc No. A0022649E

Please use block letters when filling in your details

Primary Registrant

- I am a member of my ADA state branch.
 Dentist Hygienist Retired/Student Member (proof of student required)

Member Number

Given Name (Dr/Mr/Ms/Mrs)

Family Name

Mailing Address
 State: P/Code:

Work Phone

Fax

Mobile

Email
 (Important: your confirmation and reminder will be sent to this email)

Special Dietary Requirements

Accompanying Staff Details

Given Name (Dr/Mr/Ms/Mrs)

Family Name

Mobile

Email

Special Dietary Requirements

- Dental Assistant Practice Staff

(if required please include additional staff members on a separate piece of paper attached to this form)

Please enrol me in

Course Name	Course Date	Course Fee	Accompanying Staff Fee	Total Fee
	/ /	\$	\$	\$
	/ /	\$	\$	\$
	/ /	\$	\$	\$
	/ /	\$	\$	\$
	/ /	\$	\$	\$
Total (inc GST)				\$

Payment Details

Cheque (made payable to ADAVB Inc)

- Credit Card MasterCard Visa American Express (Diners Club Not Accepted)

Card Number Exp Date /

Cardholder Name

Signature _____ Date /

HOW TO ENROL

Telephone registrations are not accepted

FAX

03 8825 4644

EMAIL

cpd@adavb.org

ONLINE

www.adavb.net

MAIL

ADAVB
 PO Box 9015
 South Yarra, VIC 3141

For further information, please call (03) 8825 4600

Please note

Your registration for these events indicates acceptance of ADAVB's Terms and Conditions and Cancellation Policy (see page 50)

Make a copy of this registration form and maintain it for your records.

This is will be a TAX INVOICE for GST upon payment. All rates are GST inclusive.

Australian Dental Association Victorian Branch Inc. Level 3, 10 Yarra Street (PO Box 9015), South Yarra Victorian 3141

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