Victorian Healthcare Quality Association

***ABN: 37464230458***

TAX INVOICE / RECEIPT **REGISTRATION FORM**

## WHEN: Friday 24th October 2014 – 09:30- 15:30

***Where:*** ***AMREP Auditorium, Alfred Hospital, Commercial Road, Prahran, Victoria***

* Please note there is a limit of 150 places.
* No refunds for cancellations. Transfer to another representative from the organisation is acceptable.

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| --- | --- | --- | --- | --- |
| Name |  | | | |
| Job Title |  | | | |
| Organisation |  | | | |
| Address |  | | | |
| Telephone |  | |  |  |
| Email |  | | | |
|  | | ***All payments include lunch – please provide special dietary requirements below\*\**** | | |
| **AAQHC / VHQA member**  Membership number \* | | $ 75.00 \*Please note, membership number must be provided for this option | | |
| **I WILL**       **I WILL NOT be attending the VHQA AGM during the seminar** | | | | |
| **Non member** | | $130.00 | | |
| GST (not required) | | $ 0.00 | | |
| TOTAL amount of payment | | $ | | |

# PAYMENT METHOD

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| --- |
| Direct Deposit to **VHQA Inc** BSB: 063141 Account No: 10051425 Please use your ***name and/or organisation as reference*** |
| Payment by Credit Card: Trybooking | Weathering the Storm in the Quality Sphere <http://www.trybooking.com/FUZJ> or <http://www.trybooking.com/102059>  All details are completed online and a receipt is issued with payment (no need to send this registration form)  Please note payment includes an administration fee. |
| **\*\* SPECIAL DIETARY REQUIREMENTS**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |