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**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |