



**TRAINING REGISTRATION FORM / TAX INVOICE**

ABN 90 494 504 678

<b>Session Title</b>	<b>PROFESSIONAL DEVELOPMENT FOR FDC EDUCATORS</b>	<b>Session Time</b>	<b>9.15AM-4PM</b>
<b>Location</b>	<b>TREACY CENTRE</b>	<b>Session Date</b>	<b>28<sup>th</sup> AUGUST</b>
		<b>Cost</b>	<b>\$60.00</b>

**PARTICIPANT DETAILS**

<b>Full Name ( Please Print Clearly )</b>	<b>Job Title</b>	<b>Please list any requirements (eg food allergy)</b>
1.		

**Please order your preference for sessions below:**

**Please Mark (1,2,3)**

**MORNING SESSION:**

- 1A -
- 1B -
- 1C -

**AFTERNOON SESSION:**

- 1A -
- 1B -
- 1C -

**SERVICE / SCHEME DETAILS**

<b>Service / Scheme Name</b>	
<b>Participant Address</b>	
<b>Suburb</b>	<b>Postcode</b>
<b>Phone</b>	<b>Email Address:</b>

**TERMS & CONDITIONS**

**Registrations:** Registration Forms must be lodged at least seven (7) working days prior to session (however where possible late registrations will be accepted).  
 Additional Registration Forms can be downloaded from [www.cccvic.org.au](http://www.cccvic.org.au) or contact Community Child Care on **Phone: (03) 9486 3455 Freecall: 1800 177 017**

**Payment:** Payment must be received prior to the session. Only one payment per Registration Form will be accepted. If participants are making individual payments, please complete a separate Registration Form per participant. Forward completed registration form with full payment to Community Child Care Association via **Mail: Ground Floor, 48 High Street, Northcote VIC 3070 Fax: (03) 9486 3271**

**NOTIFICATIONS/CHANGES TO YOUR TRAINING SESSION WILL BE ADVISED VIA EMAIL PLEASE ENSURE YOUR LISTED DETAILS ARE CORRECT**

**Receipt:** This document will be a **Tax Invoice** when payment is received. Please retain for your records.

**Cancellation:** A full refund is available if registration is cancelled at least seven (7) working days before the session date.

**PAYMENT DETAILS**

Mastercard       Visa       Cheque  
 (Please make cheques payable to Community Child Care Association and attach to this form)

<b>Name of Cardholder</b>	<b>Amount</b>	<b>\$</b>
<b>Card Number</b>	<b>Expiry Date</b>	
<b>Signature</b>	<b>Date</b>	

Office Use Only	Account # 4690	Class/Code 05	Signature	Date / /2010
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