



NSW
NURSES &
MIDWIVES'
ASSOCIATION

NSW NURSES & MIDWIVES' ASSOCIATION SEMINAR REGISTRATION FORM

TAX INVOICE » ABN 63 398 164 405

Cancellations made within a 3 day period prior to seminar will not be eligible for a refund

SEMINAR DETAILS

Seminar Name	Date	\$ Amount (includes GST)
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PERSONAL DETAILS

Name _____ Membership Number

Place of Employment _____ Non-member

Position: DON NUM RN EN AIN OTHER _____

Postal Address Home Work _____

Postcode

Phone Work _____ Home _____

Mobile _____ Email _____

IF EMPLOYER IS PAYING, EMPLOYER TO COMPLETE DETAILS BELOW

Employer Name: _____

Address: _____

Postcode

Contact Name: _____

Phone No: _____ Contact Email Address: _____

Employer Paying by: Raise Tax Invoice Credit Card (complete details below) Direct Deposit Cheque

PAYMENT DETAILS

Cheque/Money Order Expiry Date /

Mastercard Name on card _____ Signature _____

Visa _____