



NSW
NURSES &
MIDWIVES'
ASSOCIATION

NSW NURSES & MIDWIVES' ASSOCIATION SEMINAR REGISTRATION FORM

TAX INVOICE » ABN 63 398 164 405

USE THIS FORM IF YOU ARE UNABLE TO REGISTER ONLINE
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 _____

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

Credit Card No.

CCV

Expiry Date

Mastercard

Visa

Name on card _____

Signature _____

Address of Cardholder _____

Postcode

For further assistance contact the NSWNMA on Metro: 8595 1234 or Rural: 1300 367 962
SEND TO: Education Service, NSW Nurses & Midwives' Association. 50 O'Dea Avenue, Waterloo NSW 2017

FAX: (02) 9662 1414 PRINT AND EMAIL: gensec@nswnma.asn.au