



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 \_\_\_\_\_ Email \_\_\_\_\_

Specific Diet Required: \_\_\_\_\_

Special diet orders can only be catered for if they are requested no less than 3 working days prior to the event.

## 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

Mastercard

Visa

Credit Card No.	CCV	Expiry Date
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Name on card \_\_\_\_\_

Signature \_\_\_\_\_ Address of Cardholder \_\_\_\_\_

Postcode