



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

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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

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Employer ABN: 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.

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 Expiry Date

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Name on card

Signature Address of Cardholder

Postcode

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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