



# OT AUSTRALIA NSW

Australian Association of Occupational Therapists NSW

## Continuing Professional Development Registration Form and Tax Invoice

ABN 91 048 855 443

In order to secure a place, ensure payment is sent with this registration form

Event Date	Event Title	Event fee (inc GST)

Please note that information is available on our website [www.otnsw.com.au](http://www.otnsw.com.au)

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Workplace \_\_\_\_\_

Phone contact (Work) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

OT AUSTRALIA NSW Association Member:  Yes  No

Other Professional Association:  Yes  No Please specify: \_\_\_\_\_

Your details are placed on our database to provide you with invoice receipts and to assist us with planning for future courses. If you have any questions about our Privacy Policy please contact us or refer to the Privacy Policy on the website.

I enclose cheque/money order payable to OT AUSTRALIA NSW or charge my Credit Card (accepted cards)

Bankcard  Mastercard  Visa  Cheque. Payable to OT AUSTRALIA NSW

\_\_\_\_\_ Expiry date \_\_/\_\_/\_\_

Name on Card \_\_\_\_\_ Personal

\_\_\_\_\_ or  
Organisation

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_