

KinWay Education and Training Registration Form

ABN: 32 797 454 970

To confirm your place complete this form and include payment or email (edu.kinway@anglicarewa.org.au) or fax (08) 9325 8969 if you are paying by credit card.

Mail to: KinWay Education and Training
GPO Box C138, EAST PERTH WA 6839

PERSONAL DETAILS (BLOCK LETTERS please)

Mr Mrs Ms

First Name: _____ Last Name: _____

Position: _____

Organisation: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone: _____ Fax: _____

Email: _____

TRAINING DETAILS

Course Name: _____ Amount: _____

Course Name: _____ Amount: _____

Course Name: _____ Amount: _____

TOTAL: _____

PAYMENT DETAILS (All rates include GST)

No. of People: _____ Amount _____

Cheque payable to AnglicareWA

Credit Card: Bankcard Visa Mastercard

Card No: / / /

Expiry Date: /

Cardholder Name: _____

Cardholder Signature: _____

Invoice Request (organisations only) - Purchase Order must be attached

This registration form becomes a Tax Invoice for GST purposes when fully completed and you make a payment.

Anglicare WA respects your privacy. The personal information collected on this form is used to secure your involvement in the workshop; it will not be shared with any other organisation. Please tick if you **do not** wish to receive further information and promotional material from AnglicareWA Programs.

Office use only: Date Rec _____

