



# Professional Development Registration Form

This form allows you to register to attend any of the Professional Development events.

**Registrant's Details:**

Ms       Mrs       Miss       Mr       Dr       Other (specify)

Surname: ..... First Name:.....

WorkPlace: .....

Address for receipt: .....

..... Post Code: .....

Contact Details: Email: .....

Tel: ..... Fax: ..... Mobile .....

**Course Details:**

Name of Course: .....

..... Date/s: ..... Cost: .....

WA Occupational Therapy Association (formerly OT AUSTRALIA WA) Member: Yes / No

**Please Note:**

- \* Priority will be given to WA Occupational Therapy Association members
- \* Forwarding your registration form does NOT necessarily guarantee a place
- \* On some courses places may be limited and in that case the Association's office will advise whether or not you are confirmed for that particular course

**Method of Payment:** Cheque / Money Order / Credit Card

If paying by Credit Card the following is my authority to debit my **Visa / Mastercard:**

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Signature ..... Expiry Date .....

Card Holder Name ..... Amount .....

**Special Dietary requirements (if applicable):**

**Please complete and return form to:** WA Occupational Therapy Association  
 4A/266 Hay Street, SUBIACO WA 6008  
 Tel: (08) 9388 1490 Fax: (08) 9388 1492  
 Email: info@waota.com.au

*Cancellation/Refund Policy:*

- If a registrant gives more than 4 weeks notice of cancellation, they are entitled to a 75% refund
- Between 2-4 weeks' notice attracts a 50% refund of registration fees
- Two weeks or less notice - no refund
- Any registrant who just does not show up on the day will be expected to pay for all catering and resource expenses organised on their behalf