



# Registration & Payment Form

Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Ph: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to register the following participants for the Playground Safety and Inspection Workshop to be held at (Venue): \_\_\_\_\_ on (Date) \_\_\_\_\_

Cost per participant \$155.00.

1		2	
3		4	
5		6	

Dietary Requirements: \_\_\_\_\_

## PAYMENT DETAILS – WE WILL ACCEPT PAYMENT BY THE FOLLOWING OPTIONS:

**Option 1:** To be invoiced, please provide your purchase order number: \_\_\_\_\_

### Option 2:

Cheque / Money Order (mail to the address overleaf)

I enclose a cheque / money order for \$ \_\_\_\_\_ (payable to Kidsafe NSW Inc.)

OR

Credit Card (fax or mail to the address overleaf)

Please debit my:      MasterCard       Visa       Amount: \$ \_\_\_\_\_

Card Number:      \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_ Cardholder's name: . \_\_\_\_\_ Signature : \_\_\_\_\_

OR

Electronic Funds Transfer (EFT)

When paying by EFT, please identify your organisation in the Transaction Description to enable us to reconcile accounts. Also complete the following and return by fax to us with your payment details)

### EFT Details

<b>Name of Bank:</b>	<b>Westpac</b>	<b>Branch:</b>	<b>Westmead</b>
<b>BSB Number:</b>	<b>032 340</b>	<b>Account Number:</b>	<b>10 8698</b>
<b>Account Name:</b>	<b>Kidsafe New South Wales Inc.</b>		

Date deposited \_\_\_\_\_ Transaction Receipt Number \_\_\_\_\_



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## Terms and Conditions

### Participant Substitution:

If, after registration and payment has been received, and the participant is unable to attend, you are welcome to nominate someone else to attend in that place at no additional cost.

Please advise participant substitutions in writing.

### Refunds:

- Cancellation more than 30 days before the event: **100% refund**
- Cancellation less than 30 days, but more than 7 days: **90% refund**
- Cancellation less than 7 days: **no refund**
- **Cancellation must be in writing. The effective date is the date of dispatch.**

## Additional Information

Refreshments and lunch will be provided throughout the day; please advise of dietary requirements.

Outdoor activities are planned for the workshop. Ensure you bring a hat and sunscreen and wear closed in shoes. In the event of inclement weather, alternate arrangements will be made.

### Please send or fax completed form to:

**Kidsafe New South Wales Inc (ABN 29 532 079 872)**  
Kidsafe House, c/- The Children's Hospital at Westmead  
Locked Bag 4001, Westmead NSW 2145  
Phone: 02 9845 0890      Fax: 02 9845 0895  
Email [kidsafe@chw.edu.au](mailto:kidsafe@chw.edu.au)      Web: [kidsafensw.org](http://kidsafensw.org)