workshop **registration** form 2009

ALL PARTICIPANTS MUST FORWARD REGISTRATION FORM TO C&K CENTRAL TO ENSURE THAT CERTIFICATES REFLECT CORRECT SPELLING OF NAMES.

PLEASE PRINT CLEARLY

Please photocopy for additional copies

Name: _____

Organisation: _____

Address: _____ Postcode: _____

Phone: Day: _____ Evening: _____

Mobile: _____ Fax: _____

If attending a 9am-3pm workshop please indicate any dietary requirements. _____

Workshop title	**Date**	**Cost**
1		$
2		$
3		$
4		$
5		$
6		$
7		$
8		$
9		$
10		$

Payment must accompany this registration.

POST TO: Creche and Kindergarten Association (Workshop Program)
14 Edmondstone St, Newmarket, Qld, 4051
FAX TO: (07) 3352 6266 (CREDIT CARD ENROLMENTS ONLY)
PHONE: (07) 3552 5333 **TOLL FREE:** 1800 177 092
ABN: 19945271234

Places for workshops must be reserved in advance by returning this Registration Form and by paying all associated fees to the "Creche and Kindergarten Association". While provisional registration may be done by phone, failure to lodge this form with full payment at least five working days prior to a workshop/course may result in cancellation of your booking without further notice.
NOTE: All prices are inclusive of GST.

CRECHE AND KINDERGARTEN ASSOCIATION AUTHORITY FOR PAYMENT BY CREDIT CARD

TO: Accounts, Creche and Kindergarten Association

Registrant's name: (please print) _____

Cardholder's name: (on card) (please print) _____

I authorise payment of $ _____ on my ☐ Mastercard ☐ Visa

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: _____

Signature: _____ Date: _____