**ECTA Cairns Regional Group**

Tax Invoice / Registration Form. ABN: 31 930 635 743

**Date/Time: Saturday 31st August 2019**

**Venue- TAFE Far North**

**RSVP Due: 5.00pm, Wednesday 28th August 2019**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School/Centre/Organisation:** Click here to enter text. | | | | **ECTA Qld Membership No**: Click here to enter text. | | | | | |
| **To be paid by:** Click here to enter text. | | | | **Order Number if applicable**: Click here to enter text. | | | | | |
| **Contact name for these registrations**: Click here to enter text. | | | | **Contact Phone Number**: Click here to enter text. | | | | | |
| **Email address for receipt confirmation:** Click here to enter text. | | | | | | | | | |
| Personal details for each attendee | | **Session 1**  Sleep  **8:30-10:30** | **Session 2**  Real Life Time Management  **11:00-1:00** | | **Session 1 & 2**  **8:30-1:00** | **What rate are you paying?** | | **Total**  **1 or 2 sessions** | |
| ECTA QLD | | **$15 or $30** | |
| Regional Group | | **$20 or $40** | |
| Non-Member | | **$25 or $50** | |
| Name: Click here to enter text. | |  |  | |  | Click here to enter text. | | Click here to enter text. | |
| Email: Click here to enter text. | |
| Name: Click here to enter text. | |  |  | |  | Click here to enter text. | | Click here to enter text. | |
| Email: Click here to enter text. | |
| Name: Click here to enter text. | |  |  | |  | Click here to enter text. | | Click here to enter text. | |
| Email: Click here to enter text. | |
| Name: Click here to enter text. | |  |  | |  | Click here to enter text. | | Click here to enter text. | |
| Email: Click here to enter text. | |
|  | | | | | | **Total Payable** | | **$** Click here to enter text. | |
| **Please return the completed registration form via email to** [cairnsrg@ecta.org.au](mailto:cairnsrg@ecta.org.au) **or post to** P.O. Box 36E, Earlville. 4870.  **by 5.00pm on Wednesday 28th August 2019**  **Payment Details** | | | | | |  | |  | |
| **☐ Direct Deposit** | **ECTA Cairns Regional Group**  **Bank of Qld | BSB 124 001 | A/C** # **20368697**  **EQ Supplier #** S20020334 | | | Transfer ID used:  Click here to enter text. | | | Date deposited:  Click here to enter text. | |  |
| *Individuals use initial and surname - School/Centre/Organisations use name* | | | | | | | |  |
| **☐ Credit Card** | <http://stks.be/ecta-cairns-regional-group-pd> | | | | | | | |  |

***Please read the following important information***  
***Full payment must be received with registration to confirm attendance. Refunds will be issued, with written notice, up to 7 days prior***

***to the event. No refunds will be issued for cancellations within 7 days of the event, however substitutions will be accepted.***