**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**

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| --- | --- |
| **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 **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.***