

## 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: .....

OT AUSTRALIA WA Member: Yes No      Cost: .....

- Please Note:**
- \* Priority will be given to OT AUSTRALIA WA 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:**

/     /     /

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

Card Holder Name .....

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

**Please complete and return form to:** OT AUSTRALIA WA, 4A/266 Hay Street, SUBIACO WA 6008  
Tel: (08) 9388 1490 Fax: (08) 9388 1492  
Email: [info@otauswa.com.au](mailto:info@otauswa.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
- One week 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