Ballarat District Nursing & Healthcare

hacc
home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

HR017-F02

Grampians HACC Training Program
Registration Form/Tax Invoice*

*Upon workshop registration and payment this form is deemed your Tax Invoice.
Ballarat District Nursing & Healthcare Inc ABN 36 887 312 252
Please retain a copy for your records.

REGISTRATION DETAILS – Complete the following and return to HACC Training:

Name of Workshop: _____

Location: _____ Date: _____

Participant Name	Work Role	Email

Service/Agency: _____

Phone: _____ Fax: _____

Postal Address: _____

For Catering purposes, please advise any special dietary requirements:

_____

You will ONLY be contacted by HACC Training if the session is POSTPONED or CANCELLED.
Your registration is CONFIRMED unless you receive advice to the contrary.
Please register EARLY to help us avoid cancellations.

☐ **Please tick if you require separate confirmation via email**

Confirmation email address: _____

PAYMENT of $ _____ will be made by: (please tick for payment method)

☐ CHEQUE made payable to Ballarat District Nursing & Healthcare Inc.
Post with payment to **BDNH 1818 Sturt St Ballarat Vic 3350**

☐ EFT to BSB 633-000 A/c 105 234 892
Please identify payments with 'your agency name' & 'HACC training' and **fax** a remittance advice detailing participant names and session title **to 5334-1945**

☐ INVOICE REQUIRED: Attach Purchase Order to this form and **post or fax to 5334-1945**

☐ CREDIT CARD PAYMENT – Complete details below:

CREDIT CARD PAYMENTS:

Name on Card: _____ Amt: $_____

Credit Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiry Date: ____ / ____ Signature: _____