Karitane
leaders in parenting services since 1923

ABN 25 000 018 842

EDUCATION REGISTRATION FORM

Retain as Official Receipt for taxation purposes
TAX INVOICE

Karitane Toddler Clinic Workshop

- Friday 5th Mar 10 9.00am – 4.30pm
- Friday 3rd Sept 10 9.00am – 4.30pm
- Friday 9th July 10 9.00am – 4.30pm

9.00am – 4.30pm
Morning/Afternoon Tea and Lunch Provided
Karitane Conference. Corner of The Horsley Drive and Mitchell Street Carramar

APPLICANTS DETAILS
Title _____ Surname _____ Given Name/s _____
Address _____
Mailing Address (*If mailing address different please specify*)_____
Contact numbers
Home Telephone _____ Work Telephone _____
Mobile _____ Email _____
SPECIAL REQUIREMENTS (eg. Meals) _____
EMPLOYER DETAILS
Place of employment _____Position:_____ Area Health Service:

REGISTRATION FEES (GST Included) $150.00

Please Note: Registration will not be processed without full payment.
Confirmation will be sent by Email only.

TELEPHONE
Karitane Education secretary on
02 9794 2300
Please have credit card details ready

MAIL
Mail this completed registration Form
together with your payment to:
Karitane Education secretary Karitane
P O Box 241
Villawood NSW 2164

FAX
Fax this completed registration form and
credit card details to:

02 9794 2323

Cheque
Enclosed is a cheque or money order for$ _____
in favour of Karitane

Credit Card:
Please debit my Visa BankCard MasterCard
Card Number
__/__/__/__/ __/__/__/__/ __/__/__/__/ __/__/__/__/
Expiry Date _____ /_____
Name of Card Holder _____
Signature _____

□ Direct Payment to Karitane Westpac Account:
BSB 032 072 26 – 0991
Identifier- Surname, Initial
Payment Date _____ Receipt Number _____

Office use only

For further details contact Education Secretary on 02 9794 2348