

Please refer to the brochure for course name, format, date, location and cost and register below:

COURSE NAME	FORMAT*	DATE	COURSE LOCATION	COST	+GST (OFFICE USE ONLY)
* D = distance packages, FF = face to face, CD = CD Rom				TOTAL: \$	
				TOTAL PAYMENT ENCLOSED: \$	

PAYMENT DETAILS

Cheque/money order (payable to Alzheimer’s Association of Queensland Inc.)

Bankcard Mastercard Visa

Cardholder’s Name: _____

Card no: _____ Exp date: ____/____ Signature: _____

COURSE CONDITIONS

Payment: To be made in full and must accompany the registration form.

Enrolments: Registration is essential as participant numbers in each course is limited.

Recognition of Prior Learning: For all Nationally Recognised Training, an RPL kit is available on request.

Award: A Statement of Attainment will be issued on successful completion of Nationally Recognised Training listing the units of competency achieved. A Statement of Attendance will be issued listing the course content covered, following successful completion of professional development programs.

Student Support: A full range of welfare and guidance services is available:

Cancellations and Refunds: Applies to face to face courses only. NO refunds given on distance packages, CD Roms or online courses. A full refund will only be issued if:

- (a) Payment is received and the course is cancelled by the Alzheimer’s Association of Queensland Inc.
- (b) A 10% administration charge will be deducted if the participant cancels eight (8) or more days before commencement of the course. Monies will not be refunded if participant cancels within seven (7) days of commencement of course or for missed sessions.

I have read and understand the conditions set out on this form

Please return registration form with payment to:

Alzheimer’s Association of Queensland Inc., 2/43 Tryon Street, Upper Mt Gravatt Qld 4122
or fax to: (07) 3422 1488

further course enquiries to: 1800 1800 23 or www.alzheimersonline.org

OFFICE USE ONLY

Date received: _____ Receipt number: _____



Registration Form

Alzheimer's Association
QUEENSLAND

TAX INVOICE – This form becomes a tax invoice upon payment. ABN 74 688 640 790

PARTICIPANT DETAILS (PLEASE PRINT IN BLOCK LETTERS)

One form per person – please photocopy for multiple use

Name: _____

Name of workplace: _____

Position: _____

Daytime phone no: _____ Fax: _____

Email: _____

Do you wish correspondence to be sent to home or work? (Please tick)

Address: _____

_____ Post Code: _____

Parent or guardian's name: _____

(if participant is under 18 years of age)

Parent or guardian's signature: _____

Special requirements – health/dietary/physical: _____

Where did you hear about the course? _____

Please add me to your mailing list

PLEASE TURN OVER