

Registration form / tax invoice

ABN 80 263 088 594 ARBN 152 948 680 RED'D ASSOC NO. A0022649E

Please use block letters when filling in your details

PRIMARY REGISTRANT

I am a member of my ADA _____ state branch (specify state branch if not Victorian) Member number I am not an ADAVB member

Dentist Recent graduate (please circle year: 1st, 2nd, 3rd, 4th, 5th) Student/retired member Other _____ (please specify)

Full name

Phone

Email (Important: Your confirmation and reminder will be sent to this email)

Dietary requirements

SECONDARY REGISTRANT

I am a member of my ADA _____ state branch (specify state branch if not Victorian) Member number I am not an ADAVB member

Dentist Recent graduate (please circle year: 1st, 2nd, 3rd, 4th, 5th) Student/retired member Other _____ (please specify)

Full name

Phone

Email (Important: Your confirmation and reminder will be sent to this email)

Dietary requirements

PLEASE ENROL ME IN

Course name	Course date	Course fee	Accompanying staff fee	Total fee
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

TOTAL (inc GST) \$

PLEASE NOTE: Your registration for these events indicates acceptance of ADAVB's Terms and Conditions and Cancellation Policy. Make a copy of this registration form and maintain it for your records.

PAYMENT DETAILS

 Please note that all fields marked with an asterisk (*) are required details for payment

CHEQUE (made payable to ADAVB Inc) CARD: MasterCard Visa American Express Voucher Number

* Card number * Expiry Date / * CW

* Cardholder name

Date / /

* Signature

HOW TO ENROL Telephone registrations are not accepted
EMAIL: cpd@adavb.org • ONLINE: adavb.net • MAIL: ADAVB, PO Box 9015, South Yarra, VIC 3141
For further information, please call (03) 8825 4600

This is a TAX INVOICE for GST upon payment. All rates are GST inclusive.
Australian Dental Association, Victorian Branch Inc.
Level 3, 10 Yarra Street (PO Box 9015), South Yarra, Victoria 3141
Tel: 03 8825 4600 • Email: cpd@adavb.org • adavb.net