

# ATA EVENT REGISTRATION FORM



EVENT NAME \_\_\_\_\_

ABN 90 089 791 186

Return this form to ATA National Office by fax on 02 9906 2155 or post to PO Box 129 St Leonards, NSW 1590 or email [events@ata.asn.au](mailto:events@ata.asn.au)

PLEASE COMPLETE WITH BLACK INK AND INCLUDE A CONTACT EMAIL ADDRESS FOR BOOKING CONFIRMATION

Company		Member Y/N:
Address		Suburb
Email	State	Postcode
Telephone	Fax	Mobile

PLEASE PRINT CAREFULLY TO ENSURE NAME TAGS ARE CORRECT

Attendee Name	Position Title	Company	Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SPECIFY BELOW THE NAME AND ADDRESS OF THE RECIPIENT FOR TAX INVOICE/RECEIPT

NAME:	COMPANY:
ADDRESS:	

No. of Registrants \_\_\_\_\_ Total Payment \_\_\_\_\_

**Payment Options:** (please tick)

Cheque  EFT

Credit Card Payment

Master Card  Visa

Amex

Card Number:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Expiry Date:

□	□	/	□	□
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\_\_\_\_\_  
Cardholders Name (please print)

\_\_\_\_\_  
Signature

**Bank Transfers**

Bank Name- National Australia Bank  
Account Name- ATA Working Account  
BSB- 082 212 A/C# 487 687 077

**Cancellation Policy:** all cancellations must be notified in writing at least 10 days prior to the event, after which time 100% of the total registration fee is required. A replacement is acceptable at no extra cost. Registrations for further events will not be accepted for outstanding accounts of greater than 45 days.

**Australian Teleservices Association**

PO Box 129  
St Leonards NSW 1590  
T: 02 9906 6163  
F: 02 9906 2155  
[www.ata.asn.au](http://www.ata.asn.au)

Disclaimer: Information provided in this form may be used for further communications supporting the activities and events of the ATA and other affiliates as deemed relevant to ATA members. We consider individuals included in this form consent to their details being used for the purposes stated. If you do not wish the details provided in this form be used by the ATA please notify us in writing to [events@ata.asn.au](mailto:events@ata.asn.au)