

VECCI TRAINING, BRIEFINGS AND EVENTS REGISTRATION FORM/TAX INVOICE



ABN 37 650 959 904

Name of person making the registration _____ Date of registration _____

Position _____ Telephone _____

Email _____ Fax _____

Confirmation to Attendee Other - Provide email address: _____

Company Name / Individual Details _____

Address _____

Postcode _____

VECCI Member/Subscriber YES NO Event Subscriber YES NO Member/Subscriber Number: _____

Where did you hear about our training/briefing/event?

Direct advertising (email, mail, SMS, phone call) Other advertising (online, press, radio, TV) Word of mouth/referral (including management directive) VECCI Training Directory VECCI website

ATTENDEE DETAILS (list additional names on a separate page)

1. Attendee Name: _____	Position: _____		
Telephone: _____	Email: _____		
Course title: _____	Course code: _____	Date: _____	Cost \$ _____
2. Attendee Name: _____	Position: _____		
Telephone: _____	Email: _____		
Course title: _____	Course code: _____	Date: _____	Cost \$ _____
3. Attendee Name: _____	Position: _____		
Telephone: _____	Email: _____		
Course title: _____	Course code: _____	Date: _____	Cost \$ _____
Total Cost \$ _____			

All Courses are GST free. All Briefings and Events prices are inclusive of 10% GST.

COMPLETE THIS FORM THEN:

FAX 03 8662 5120 with credit card details	EMAIL training@vecci.org.au with credit card details	CHEQUE Mail to: VECCI GPO Box 4352 Melbourne VIC 3002	PHONE 03 8662 5333 with credit card details or to arrange EFT Payment 8.45AM - 5.15PM Mon - Fri
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PAYMENT DETAILS	DECLARATION OF PRIVACY
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DINERS <input type="checkbox"/> AMEX CARD NUMBER <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"/> EXPIRY DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CARD HOLDER NAME _____ SIGNATURE _____	VECCI acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your registration or inquiry, keeping you informed of upcoming events and assisting us in improving our service to you. The intended recipients of the information are VECCI and database service providers engaged by VECCI. You have the right of access to, and alteration of, personal information concerning yourself in accordance with the Privacy Act and VECCI's Code of Practice. If you do not wish to be sent any further promotional material or have your information disclosed to sponsors and strategic alliances please tick the 'OPT OUT' box below and return this brochure to VECCI. VECCI will remove your name from the mailing list or advise the list provider within reasonable time. For further information contact Human Resources 03 8662 5333. OPT OUT <input type="checkbox"/>

Once paid, this registration form is recognised by the Australian Taxation Office (ATO) as a compliant tax invoice.

VECCI TERMS AND CONDITIONS More than 14 calendar days prior to event start date, a participant may: ■ Substitute attendee ■ Transfer to a different course/briefing/event ■ Apply for a refund of monies paid (\$27.50 fee applies for cheque refunds)	14 – 8 calendar days prior to event start date a participant may: ■ Substitute attendee ■ Transfer to a different course/briefing/event 7 calendar days or less prior to event start date a participant may: ■ Substitute attendee	Payment must accompany the registration form. VECCI reserves the right to cancel or postpone a course/briefing/event to an alternative date. All registered participants will be offered the opportunity to transfer to the next available course/event, or elect to receive a refund for monies paid. ■ Reduced prices on training courses cannot be used with training vouchers or with any other offer.	INTERNAL USE ONLY: SALES ORIGINATOR: _____ ENQUIRY SOURCE: _____
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