REGISTRATION FORM — Occupational Therapy Australia PD EVENTS

Your registration will be processed upon receiving this form. Please complete all sections of this form. Please allow up to 72 hours for your registration to be processed and access details to be provided.

cpdevents@otaus.com.au / www.otaus.com.au/pdeducationcontentpages/cpd-online-library

I WOULD LIKE TO REGISTER FOR:

REGISTRATION FEES (GST inclusive)

NZOTA Member AUD $ Non Member AUD $

Name: **Workplace:**

Home Address: **Postcode:**

Email: **NZAOT Member Number:**

Preferred phone in business hrs: **Mobile:**

Payment Method:

Bankcard ☐ **Visa** ☐ **MasterCard** ☐ **AMEX** ☐

Name as shown on card:

Card Number: / / /

Expiry Date:

CVV:

Card Holder's Signature:

Cancellation Policy: Occupational Therapy Australia (OTA) reserves the right to cancel or postpone any Association event. If this occurs, registration feeds paid will be refunded in full, but the Association bears no responsibility for any other costs incurred (such as flights, accommodation, travel expenses or loss of income). Should you be unable to attend the event, a substitute delegate is welcome to attend in your place, so long as the Association has been notified in writing and in advance of the event. If the substitute attendee is not a member, the non-member fee will apply and extra payment will be due and payable before the event date. Any registrations for any OTA event must have paid in full prior to attending an event or risk non-admission at the event. If you cancel your registration for an event, a refund (equivalent of 90% of the registration fee paid) will be given provided a written cancellation is received by us prior to closing date. No refunds will be given to registrants who did not cancel and did not attend an event.

Note: No unauthorized audio, video or other electronic recording is permitted. Photos may be taken at the event and will be used for Occupational Therapy Australia marketing and reporting purposes.

I acknowledge that I have read and understand the contents of this registration form.

Signature: **Date**:

STAFF USE ONLY: **Membership Verified:** **Y/N**