

TAX INVOICE

ABN 27 209 850 621

Please complete and return completed form with payment to:

Women's Council for Domestic and Family Violence Services (WA)

PO Box 281

WEST PERTH WA 6872

Fax: 9486 8744

Email: info@womenscouncil.com.au

(This form will become a Tax Invoice upon payment. Please retain a copy for your records.)

Name of Participant(s):

Organisation:

Address:

City:

State:

Postcode:

Ph:

Email:

* Your registration confirmation will be sent to this email

SPECIAL REQUIREMENTS (eg dietary, wheelchair access):

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TRAINING WORKSHOP TITLE (If registering for more than one workshop, please complete a separate registration form for each one)

UNDERSTANDING DOMESTIC VIOLENCE IN CROSS-CULTURAL CONTEXTS	Date: 28 March 2018

REGISTRATION FEES (inclusive of GST):

Registration Type	Qty	Cost
WCDFVS Organisational Members:	\$30.00 per person	\$
WCDFVS Associate Members:	\$40.00 per person	\$
Non-members:	\$50.00 per person	\$
		\$
Your registration will be confirmed upon receipt of full payment. TOTAL PAYMENT AMOUNT		\$

PAYMENT METHOD:

1. I have sent funds via Electronic Fund Transfer to: **Bankwest, BSB 306-035 Account No. 4195169**

Account Name: Women's Council for Domestic and Family Violence Services (WA)

Reference: Your Full Name (If you combined registration, use the first person's name listed)

2. I have enclosed a cheque made payable to: **Women's Council for Domestic and Family Violence Services (WA)**

CANCELLATION POLICY:

Cancellation	Refund
By 2 weeks before the training date	A full refund less a cancellation fee of \$25.00
Less than 2 weeks before the training date	No refund will be made

I understand and accept the conditions of the cancellation policy

Signature:	Date:
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