

Registration Form 2018 Assessor Network

NSW CSH ITAB

Our Expertise, Your Future



1 Complete the following details:

Name: _____

Name of Organisation: _____

Postal Address: _____

Phone number: _____ Email: _____

Type of registration: (PLEASE CIRCLE)

Year (4 meetings) or **Single** session for Feb, May, Aug, or Nov

Yearly rate per participant: \$180 Single session per participant: \$65

TOTAL COST PAYABLE: _____

NOTE: Cost is payable in advance and includes morning tea

2 Select payment options and submit payment:

a. electronic transfer to BSB 062-033 Account #10025780 NOTE: please reference your organisation on the bank transfer and supply reference details and date of your transaction here _____ .

OR

b. send cheque or money order payable to NSW Community Services and Health ITAB to **NSW Community Services and Health ITAB, PO Box 562, Gladesville NSW 1675**

3 Send completed registration to: itab@csh-itab.com.au

Thank you

PO Box 562
Gladesville NSW 1675
Phone: 02 9518 5609
Email: itab@csh-itab.com.au



NSW Community Services and Health ITAB