TAX INVOICE/RECEIPT

ABN: 88 625 753 522

Please fill out ONE registration PER PERSON attending (please print)

Name				
•	Title	First name	Surname	
Organisation				
Address				
Suburb			State	Postcode
Telephone			Email	
Special Dietary I	Requiremen	nts:		
	REGISTR		E Monday 29 th January 20 TION FEES	24
NON AAIMHI ME	MBER		AAIMHI MEMBER	
☐ Early Bird Up to 15 th January 2024		\$195 (inc \$17.73 GST)	☐ Early Bird Up to 15 th January 202	24 \$165 (inc \$15.00 GST)
☐ Full Registra From 16 th January		\$220 (inc \$20.00 GST)	☐ Full Registration From 16 th January 202	4 \$190 (inc \$17.27 GST)
Proof of fulltime Stud Proof of fulltime S at time of registrat	tatus require	\$165 Inc \$15.00 GST	☐ Full time student Proof of fulltime status time of registration	required at S140 Inc \$12.73 GST
	Pleas	se tick box for	our registration type	1
Enquiries re Trai To become an AAI PAYMENT DETAIL □ Pay online at y	ning: Sally MH member .S (Please t www.drama	Watson 0411 377 go to https://www. tick one) tix.com.au (scroll of	raining@aaimh.org.au 347 or sapresident@aaimh aaimh.org.au down webpage until you fin 040 and Reference Event F1	nd AAIMH Logo with

No registrations will be processed until this form and payment are received.