REGISTRATION FORM

AGM 30 January 2010

The Dental Hygienists' Association of Australia Inc. QLD Branch

PERSONAL DETAILS

Please Print Clearly

Surname_____ First _____Title _____

Address_____

Suburb _____ State _____ Postcode _____

Email _____Phone (_____) _____

Mobile _____ DHAA Membership Number_____

Dental Hygienist ☐ Oral Health Therapist ☐ Other ☐ _____

Receipt name if different to above_____

REGISTRATION FEES - $AU

Registration Deadline 23 January 2010 **+++ No onsite registration available +++**

DHAAQ Member $20 _____

Total _____

PAYMENT OPTIONS

☐ Credit Card ☐ Direct Deposit

Cardholder's name_____

Signature_____

Card no.

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ ☐ Visa ☐ MasterCard Expiry __ __ / __ __

Please mail this form to: **DHAAQ AGM**
GPO Box 2415
BRISBANE QLD 4001

Or email to: secretary-dhaaq@dentalhygienist.com.au

Direct deposit: **BSB: 484-799**
Account Number: 003413608
Quote: AGM, your membership number and surname
Send an email to advise of direct deposit (address below)

Website: www.dentalhygienist.com.au Email: secretary-dhaaq@dentalhygienist.com.au

++ Please note the AGM venue is High Societea, Bonney Place, 318 Junction Road, Clayfield.

Cancellation Policy: Cancellation prior to 23 January 2010 will be refunded less $5 to cover administration costs. Any cancellation after 23 January 2010 will not receive a refund. The DHAAQ reserve the right to cancel the event at any time with no responsibility to applicants other than to fully refund all monies paid for the event.