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**Term 2 ETAWA Professional Learning Sessions**

**Would you Teach it**

|  |  |  |  |
| --- | --- | --- | --- |
| **Delegate name**  ***(Please supply names of all those attending)*** | **Email address** | **ETAWA member**  **(y/n)** | **Cost** |
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***ETAWA PD Sessions are free to members, $50 for non-members***

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| --- | --- | --- | --- |
| **School or Institution** |  | | |
| **Address** |  | | |
| **Phone** |  | **Fax** |  |
| **Email of contact  person / HOLA** |  | | |

**Payment options**

|  |  |
| --- | --- |
| **School Account** | **Credit Card** |
| Purchase Order Number: | Name on Card: |
| Accounts Contact: | Card Number: |
| Phone: | Expiry: CSV: (on back of card) |
| Total Payment : | Total Payment: |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note: Photographs taken at any ETAWA event may be used on our website and in future publications. If you do not wish your photograph to be taken or appear on our website or in publications please advise us.*

Please forward completed forms to:

**E**: [etawa@casm.com.au](mailto:etawa@casm.com.au) **F**: 9427 0801

**P:** PO Box 8463, Perth Business Centre, WA 6849