



# Australian Podiatry Association SA

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ABN: 224 060 553 11

## PROFESSIONAL DEVELOPMENT REGISTRATION FORM

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ ARE YOU A MEMBER OF THE SA PODIATRY ASSOCIATION: \_\_\_\_\_

COST: NO CHARGE FOR MEMBERS UNLESS STIPULATED  
\$50 STANDARD NON-MEMBER FEE UNLESS OTHERWISE STIPULATED

### ATTENDEE INFORMATION

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Notes: \_\_\_\_\_

Please complete and return this form to the Australian Podiatry Association SA. Participants will receive confirmation upon receipt of this form along with a receipted tax invoice if applicable. Please complete a separate form for each participant. Cheques can be made payable to the Australian Podiatry Association. Internet payments can be made to the Association into the following account: BSB 105-034 Account: 057806240 As a reference to your payment please use your surname

Credit Card Payment option  
*Please add 1.98% to the total price for credit card charges.*

Card Holders Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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OR  
EFT Transaction date: \_\_\_\_\_ Amount: \_\_\_\_\_