REGISTRATION FORM/TAX INVOICE
(The Early Years in Education Society - ABN 60 475 196 179)

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Address</th>
<th>Postcode</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

Status
- □ NON-MEMBER
- □ EYES MEMBER #

SEMINAR REGISTRATION OPTIONS

<table>
<thead>
<tr>
<th>COST (INC GST)</th>
<th>COST FOR ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>$110 (member)</td>
<td>$132 (non-member)</td>
</tr>
</tbody>
</table>

FULL REGISTRATIONS
Includes coffee/tea on arrival, morning and afternoon tea, lunch, and full seminar program

PART REGISTRATION OPTIONS (PLEASE TICK)
- □ Session 1 ONLY (includes morning tea)
- □ Session 2 ONLY (includes lunch)
- □ Session 3 ONLY (includes lunch)

TOTAL COST

My special dietary requirements are

REGISTRATION and PAYMENTS

- □ Paying by Cheque
  Make payable to EYES and post with Registration Form
- □ Paying by EFT
  Bankwest Account: Early Years in Education Society
  BSB 306-107 Account Number 416106-0; post transaction receipt with Registration Form
- □ Paying by Master / Visa Card
  Please fill in your CC details below.

  □ VISA
  □ MASTER CARD:
  Expiry (MM/YY): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Name on Card: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

DELEGATES WILL RECEIVE CONFIRMATIONS BY EMAIL

Registrations will only be accepted with full payment (see Payment Options above). Cancellations will be assessed on a case-by-case basis. Full refunds will only be granted if replacement registrations are received. Refunds granted will exclude catering costs. Register early to avoid disappointment!

Enquiries to ralph@eventswa.com.au
EYES Regional Seminar
C/- Events WA
PO Box 414 Greenwood 6924

NOTE: DELEGATES AND SPONSORS MAY BE GIVEN A LIST OF ALL DELEGATES (NAME AND SCHOOL/ORGANISATION ONLY). RECEIPT OF REGISTRATION WILL SIGNAL YOUR ACCEPTANCE OF THIS. PLEASE CONTACT EVENTS WA SHOULD THIS NOT MEET YOUR APPROVAL.

This form, once completed, becomes your Tax Invoice.
Please print for your records