

1. REGISTRATION DETAILS

Please indicate the **workshop title, date/s and location/s** of the course that you would like to undertake:
 (Course dates can be found on the AIST website at www.aist.asn.au)

COURSE/WORKSHOP INFORMATION

Course/Workshop Name

Facilitated
 Self-paced
 Online Learning

Commencement Date

 / /

ACT NSW NT QLD SA TAS VIC WA

City/suburb

PERSONAL INFORMATION

Surname

Mr Mrs Ms Miss Other

First name

Other name

Postal Address

Suburb

State

Postcode

City

Country

Telephone (BH)

Email

Organisation

Job title/occupation

Are you an AIST Member?

 YES No

Membership number (if known)

Do you have any special medical or mobility requirements?

2. PAYMENT SUMMARY

Please note that registrations will not be processed if the information below is not complete:

Registration Total \$

Promotion Code

If applicable

Are you responsible for payment of this invoice? Yes

No

If no, please provide details of the invoice payee:

Surname

First name

Telephone/Mob

Email

3. TERMS & CONDITIONS

Privacy Policy

AIST understands and respects the importance of protecting the privacy of individuals and is committed to complying with the Australian Privacy Principles contained in the Privacy Act 1988. The way AIST handles your personal information is in accordance with the Privacy Act.

Use of Personal Information

Details of how we collect, use and disclose your personal information you provide to us via this form are available at: <http://www.aist.asn.au/misc/privacy-policy-and-disclaimer/privacy-collection-statements.aspx#education>

Cancellation/Transfer Policy

Refunds of registration fees will only be made when written notification is received seven working days prior to the event.

No refund of registration fees will be made when cancellations are received after this date. However a transfer of registration to another person is permitted when the request is notified in writing.

By submitting this registration form, I agree to the terms and conditions above.

4. PAYMENT DETAILS

Payment Options

Credit Card EFT Cheque

Credit Card

MasterCard Visa AMEX *Please note: A surcharge of 1.5% applies to Visa and MasterCard, and 2.75% for AMEX*

I authorise AIST to debit my credit card with the above amount including the nominated surcharge.

Card number: CCV: Name on Card: Expiry date: /

Signature *(please type your full name for electronic application)*

Date: / /

EFT

Please email a remittance advice citing the invoice number as the reference to info@aist.asn.au

ACC Name: AIST Business Management
BSB: 083-004
ACC Number: 86-569-8137
Bank: National Australia Bank

Cheque

Please make cheques payable to:
 Australian Institute of Superannuation Trustees
 Ground Floor . 215 Spring Street . Melbourne . VIC 3000

Helpdesk: 61 3 8677 3800
Fax: 61 3 8677 3801
Email: info@aist.asn.au

Submit Enrolment

Please tick this box if you DO NOT wish to receive electronic communications from AIST

This registration form becomes a tax invoice upon completion.

Please note that payment must be received prior to attending this course. Non-payment of this invoice may result in your registration being cancelled.

Please note, by attending this event you agree you may be photographed and/or recorded by AIST and you waive all rights to these images. Images obtained at AIST events may be used for commercial purposes without compensation.