



REGISTRATION FORM

Workplace Health & Safety Department

FIRST NAME	SURNAME	HOTEL	COURSE	COURSE DATE

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Terms and Conditions: By registering for a course with QHA, you agree to abide by the terms & conditions outlined in the QHA Training Centre 'Course Policy', a copy of which can be found on our website at www.qha.org.au

Hotel/Company Name:

Postal address: Postcode:

Contact name: Mobile:

Phone No: Fax:

Email:

QHA member Non-member

Payment details

EFT Payment (please call QHA for details) Tax Invoice (QHA member only)

Please charge my credit card Visa/MasterCard

Card number: Expiry Date:

Cardholders name:

Cardholders signature: Total cost \$

Send to:

Workplace Health & Safety Department
 Queensland Hotels Association
 GPO Box 343
 Brisbane QLD 4001

Email: rtims@qha.org.au
 Ph: 3221 6999
 Fax: 3221 6649