



<b>SCHOOL</b>			
<b>ADDRESS</b>			
<b>PHONE</b>		<b>FAX</b>	
<b>EMAIL OF CONTACT PERSON / HOLA</b>			

### PAYMENT OPTIONS

<b>SCHOOL ACCOUNT</b>	<b>CREDIT CARD</b>
Purchase Order Number:	Name on Card:
Accounts Contact:	Card Number:
Phone:	Expiry: <span style="float: right;">CSV:</span>
Total Payment :	Total Payment:

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

*Please note: Photographs taken at the ETAWA State Conference 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 0879

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