



# WMAA SEMINAR REGISTRATION FORM

**NATIONAL OFFICE:**

Suite 4D, Level 4  
5 Belmore Street  
BURWOOD NSW 2134  
T 02 8746 5000  
F 02 9701 0199  
E enquiries@wmaa.asn.au  
W www.wmaa.asn.au

Seminar: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

*Please complete one form for each attendee*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (0 ) \_\_\_\_\_ Fax: (0 ) \_\_\_\_\_

Mobile: \_\_\_\_\_

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

WMAA Membership #: \_\_\_\_\_ - \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registration:  WMAA Member \$ \_\_\_\_\_  Non Member \$ \_\_\_\_\_

*All amounts include GST*

Dietary Requirements \_\_\_\_\_

*Please list any dietary requirements you have.*

**Payment:** **Please note: forms will not be processed unless accompanied by an official purchase order or payment by cheque/credit card**

- Official Purchase Order Attached
- Cheque (please make cheques payable to Waste Management Association of Australia)
- Visa     Mastercard     AMEX     Diners

Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

A receipt and tax invoice will be sent by WMAA National Office once this form has been processed.

**Please fax your completed form to:  
02 9701 0199**