

# FURTHER ADVANCED GAMING TRAINING Booking Form

aha|sa  
Australian Hotels Association (SA)

gaming  
CARE  
The Responsible  
Gaming  
Commitment Agency

Australian Hotels Association (SA)

WHO NEEDS TO DO THIS COURSE ? All gaming employees who have **previously completed Advanced Gaming Training** must complete this course within two years of the completion of the initial Advanced Gaming Training.

**New gaming managers must complete the full Advanced Gaming Training.** Contact the AHA for separate course dates and booking form or [click here](#)

Please tick the session that staff will be attending and complete the details below. Training will be conducted at the AHA building, 4<sup>th</sup> Floor, 60 Hindmarsh Square Adelaide **10am until 2pm**

- ☐ ~~Wednesday 4<sup>th</sup> March FULL~~
- ☐ ~~Thursday 5<sup>th</sup> March FULL~~
- ☐ ~~Wednesday 18<sup>th</sup> March FULL~~
- ☐ ~~Thursday 26<sup>th</sup> March FULL~~
- ☐ Tuesday 31<sup>st</sup> March
- ☐ Thursday 2<sup>nd</sup> April
- ☐ Wednesday 8<sup>th</sup> April
- ☐ Tuesday 21<sup>st</sup> April
- ☐ ~~Wednesday 22<sup>nd</sup> April FULL~~
- ☐ Thursday 23<sup>rd</sup> April
- ☐ Wednesday 6<sup>th</sup> May
- ☐ Thursday 7<sup>th</sup> May

**For all 2020** course dates and to book on-line for Further Advanced Training please go to [www.ahasa.asn.au](http://www.ahasa.asn.au) (Events & Training then Training) or [click here](#)

**HOW TO BOOK IF NOT BOOKING ON-LINE** Details of one staff member per form please

E: [eturley@ahasa.asn.au](mailto:eturley@ahasa.asn.au)

P: 08 8232 4525

F: 08 8232 4979

AHA|SA Members \$70 per participant

Non-Members \$95 per participant (Non members must pay at time of booking)

## **DETAILS OF PERSON ATTENDING THE TRAINING**

Staff members name \_\_\_\_\_ Badge No \_\_\_\_\_

Staff members mobile \_\_\_\_\_ Staff members DOB \_\_\_\_\_

Their existing Advanced Gaming certificate/parchment no \_\_\_\_\_

## **DETAILS OF AUTHORISED PERSON TO MAKE TRAINING BOOKING**

Hotel Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Contact Person's email \_\_\_\_\_ Contact Person's phone \_\_\_\_\_

## **PAYMENT DETAILS – AHA Members will be invoiced if credit card details are not provided**

Please charge \$ \_\_\_\_\_ to my credit card, details provided below:

Credit Card Number: [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] [ \_ \_ \_ \_ ] Exp: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_  
(VISA or MASTERCARD only)

Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_ To understand how the information on this form may be used by the AHA|SA please consult the AHA|SA Privacy Policy available at [www.ahasa.asn.au](http://www.ahasa.asn.au) or by emailing [information@ahasa.asn.au](mailto:information@ahasa.asn.au)