

# FURTHER ADVANCED GAMING TRAINING Booking Form

aha|sa  
Australian Hotels Association (AHA)

Gaming CARE  
The Responsible Gambling Foundation  
Licensing Agency

Australian Hotels Association (AHA)

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**

- Thursday 21<sup>st</sup> October
- Wednesday 3<sup>rd</sup> November
- Thursday 4<sup>th</sup> November
- Thursday 11<sup>th</sup> November

**For all 2021** 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 DOB \_\_\_\_\_

Their existing Advanced Gaming or Further Advanced 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)