



The Association of Independent Schools of New South Wales Limited

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ABN 96 003 509 073

Professional Development Course Registration/Tax invoice

Please:

1. Complete this form and **fax** it to Cecilia Waites on (02) 9290 2274 as soon as possible and
2. Send this form, with a school cheque, to:
The Association of Independent Schools, Level 4, 99 York St, Sydney 2000

(Please print clearly)

School Data

School name: _____

School address: _____

Ph: _____ Fax: _____

Course Data

Course name: _____

Date/s of course: _____

Course cost: _____ (all advertised course costs include GST)

Date submitted: _____

Applicant Data

Applicant 1: Surname: _____ First name: _____

Applicant 2: Surname: _____ First name: _____

Applicant 3: Surname: _____ First name: _____

Applicant 4: Surname: _____ First name: _____

If there are more than 4 applicants for this course please attach additional names to this sheet

Enclosed cheque for \$ _____ made payable to: The Association of Independent Schools