

ADVANCED GAMING TRAINING

Booking Form

aha|sa
Australian Hotels Association (AHA)

Gaming
CARE
The Hotels Responsible
Gaming Care
Initiative Agency

Australian Hotels Association (AHA)

For more details on Gaming Training obligations go to www.ahasa.asn.au (Events & Training then Training or [click here](#) or contact Liz Turley the Training Coordinator for clarification.

WHO NEEDS TO DO THIS COURSE - All gaming managers must complete this course within three months of appointment, (Must complete Basic Training before undertaking Advanced Training).

AND Advanced Training must be undertaken **again** before the second anniversary of completing Advanced Training.

Advanced Training can also be undertaken by gaming employees who are required to undertake training again before the second anniversary of completing Basic Training.

(Note if a gaming employee does not undertake Advanced Training they must repeat Basic training every two years).

HOW TO BOOK

W: www.ahasa.asn.au **E:** eturley@ahasa.asn.au

P: 08 8232 4525

F: 08 8232 4979

M: Attn: Liz Turley, AHA|SA, PO Box 3092, RUNDLE MALL SA 5000

As soon as staff are appointed through the BOEN system book the training immediately to ensure training is commenced and completed within 3 months of the approval.

WHEN, WHERE AND HOW MUCH

AHA|SA Members \$85 per participant

Non-Members \$110 per participant (non member hotels must pay at time of booking)

Please tick the session that staff will be attending and complete the details below. Training will be conducted from **10am to 5pm**

Tuesday 5th March 2019 (1 day duration) in Naracoorte at the Naracoorte Hotel

ATTENDANCE DETAILS

Names of all attendees: **(Remember – they must have done Basic Gaming Training first)**

1) _____

2) _____

Badge number _____

Badge number _____

Hotel Name: _____

Contact Person: _____

Phone: _____

Email: _____

PAYMENT DETAILS

Please find enclosed a cheque payable to "Australian Hotels Association" for \$ _____

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 or by emailing information@ahasa.asn.au