

ADVANCED GAMING TRAINING

Booking Form

aha|sa
Australian Hotels Association (AHA)

Gaming
CARE
The Hotels Responsible
Gaming Care
Licensing Agency

Australian Hotels Association (AHA)

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).

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.

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 members must pay at time of booking)

Please tick the session that staff will be attending and complete the details below. Training will be conducted at the AHA building, 4th Floor, 60 Hindmarsh Square Adelaide **10am until 5pm**

- ~~Thursday 2nd May 2019 (1day duration) – FULL~~
- ~~Wednesday 8th May 2019 (1day duration) – FULL~~
- Wednesday 15th May 2019 (1day duration)
- ~~Thursday 23rd May 2019 (1day duration) – FULL~~
- Wednesday 29th May 2019 (1day duration)

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: _____

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