

# ADVANCED GAMING TRAINING

## Booking Form

aha|sa  
Australian Hotels Association (AHA)

GAMING  
CARE  
The Responsible  
Gaming  
Licensing Agency

Australian Hotels Association (AHA)

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

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 5pm**

**All September and October course dates are full**

- ~~Monday 16<sup>th</sup> November-FULL~~
- ~~Thursday 19<sup>th</sup> November-FULL~~
- Monday 23<sup>rd</sup> November
- ~~Thursday 3<sup>rd</sup> December-FULL~~
- Monday 7<sup>th</sup> December
- Thursday 10<sup>th</sup> December

**For all 2020** course dates and to book on-line for Advanced Gaming 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 \$85 per participant

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

**DETAILS OF PERSON ATTENDING THE TRAINING**

**(Remember that they must have completed Basic Gaming Training first)**

Staff members name \_\_\_\_\_ Staff members Badge no \_\_\_\_\_

Staff members mobile \_\_\_\_\_ Staff members D.O.B. \_\_\_\_\_

**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)