## FURTHER ADVANCED GAMING TRAINING Booking Form VIRTUAL



WHO NEEDS TO DO THIS COURSE ? All gaming employees who have <u>previously completed Advanced</u> <u>Gaming Training</u> 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

Further Advanced Gaming 10am to 2pm is only offered VIRTUALLY. Virtual training via Zoom will require your staff member to have a device with a camera and a microphone. Smart phones WILL NOT suit the requirements of Virtual training. If your staff member does not have such a device, you may wish to consider them using your venue devices.

All January 2024 course dates are full ☐ Wednesday 7<sup>th</sup> February 2024 FULL ☐ Tuesday 13<sup>th</sup> February 2024-FULL ☐ Thursday 15<sup>th</sup> February 2024 FULL ☐ Thursday 29<sup>th</sup> February 2024 FULL ☐ Wednesday 6<sup>th</sup> March 2024 ☐ Tuesday 12<sup>th</sup> March 2024 ☐ Thursday 14<sup>th</sup> March 2024 ☐ Thursday 21st March 2024 To book on-line for Further Advanced Training please go to www.ahasa.asn.au (Events & Training then Training) or <u>click here</u> **HOW TO BOOK IF NOT BOOKING ON-LINE** Details of one staff member per form please E: training@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 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 phone \_\_\_\_\_ Contact Person's email 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: \_\_\_\_\_\_ \_\_\_\_To understand how the information on this form may be

used by the AHA SA please consult the AHA AHA SA Privacy Policy available at www.ahasa.asn.au or by emailing information@ahasa.asn.au