

# BASIC GAMING TRAINING

## Booking Form

aha|sa  
Australian Hotels Association SA

Gaming  
CARE  
The Hotels Responsible  
Gaming Early  
Intervention Agency

Australian Hotels Association Ltd

Gaming employees who have not previously undertaken gaming training must complete **Basic Gaming Training** within 3 months of being appointed through the BOEN system.

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.

### All January 2024 courses are full

- ☐ ~~Tuesday 13<sup>th</sup> & Wednesday 14<sup>th</sup> February 2024 (2 day duration) FULL~~
- ☐ ~~Tuesday 20<sup>th</sup> & Wednesday 21<sup>st</sup> February 2024 (2 day duration) FULL~~
- ☐ ~~Tuesday 27<sup>th</sup> & Wednesday 28<sup>th</sup> February 2024 (2 day duration) FULL~~
- ☐ Tuesday 12<sup>th</sup> & Wednesday 13<sup>th</sup> March 2024 (2 day duration)
- ☐ Tuesday 19<sup>th</sup> & Wednesday 20<sup>th</sup> March 2024 (2 day duration)
- ☐ Tuesday 26<sup>th</sup> & Wednesday 27<sup>th</sup> March 2024 (2 day duration)

**For all 2024 course dates** and to book on-line for Basic 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

E: [training@ahasa.asn.au](mailto:training@ahasa.asn.au)

P: 08 8232 4525

F: 08 8232 4979

AHA|SA Members \$300 per participant

Non-Members \$320 per participant (Non members must pay at time of booking)

### DETAILS OF PERSON ATTENDING THE TRAINING

Staff members name \_\_\_\_\_

### AUTHORISED PERSON TO MAKE TRAINING BOOKING CONTACT DETAILS

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)

