ADVANCED GAMING TRAINING
Booking Form VIRTUALLY

aHa|sa
Australian Hotels Association (SA)

GaminG CARE The Hotels Responsible Gambling Early Intervention Agency
Australian Hotels Association (SA)

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).

<mark>Advanced Gaming is only offered VIRTUALLY for the foreseeable future .
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 device</mark>.

All January course dates are full
☐ ~~Thursday 1st February 2024~~ FULL
☐ ~~Monday 5th February 2024~~ FULL
☐ ~~Tuesday 20th February 2024~~ FULL
☐ ~~Thursday 22nd February 2024~~ FULL
☐ ~~Monday 4th March 2024~~ FULL
☐ Tuesday 19th March 2024
☐ Monday 25th March 2024

For all 2024 course dates and to book on-line for Advanced Gaming Training please go to 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: training@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_____

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 or by emailing information@ahasa.asn.au