

FURTHER ADVANCED GAMING TRAINING Booking Form VIRTUAL

aha|sa
Australian Hotels Association (AHA)

Gaming CARE
The Responsible Gaming Care
Liaison Agency

Australian Hotels Association (AHA)

WHO NEEDS TO DO THIS COURSE ? All gaming employees who have **previously completed Advanced Gaming Training** 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](#)

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 2pm**

Further Advanced Gaming 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 November course dates are full

- ~~Monday 4th December 2023-FULL~~
- ~~Wednesday 6th December 2023-FULL~~
- Friday 8th December 2023
- ~~Monday 11th December 2023-FULL~~
- ~~Tuesday 12th December 2023-FULL~~
- Wednesday 13th December 2023
- ~~Thursday 14th December 2023-FULL~~
- Thursday 18th January 2024
- Tuesday 23rd January 2024
- Thursday 25th January 2024

To book on-line for Further Advanced 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 \$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 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