***Post all forms to:*** *QSLA, PO Box 2394, Wellington Point QLD 4160 OR email to:* [*secretariat@qsla.org.au*](mailto:secretariat@qsla.org.au)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Price**  **(doesn’t include GST)** | **QTY** | **Total** |
| **Professional Development Recording**  Name of PD: ………………………………………………………………..  Date of PD: ...………………………………………………………………  QSLA Member: Yes or No *(select one)* |  |  |  |
| **Total Order Payable (doesn’t include GST as we are no longer registered for GST)** | | | $ |

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **School Name** |  |
| **Postal Address** |  |
| **Phone** |  |
| **Email** |  |

**Payment Methods**

**DIRECT DEPOSIT: BSB**: 064-000 **Account**: 00901333 **Reference**: Your invoice number or school name

**CHEQUES:** Payable to QSLA **Address:** PO Box 2394 Wellington Point QLD 4160

**CREDIT CARD: VISA/Mastercard**

**Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Expiry Date:** |  |  |  |  |

**Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**