

2019 REGGIO EMILIA STUDY GROUP

PAYMENT DETAILS

I, _____ enclose a deposit of \$1,500 AUD.
(insert full name)

OPTION 1: CREDIT CARD PAYMENT

preference

VISA MASTERCARD AMOUNT: \$ _____

(1% credit card fee applies on VISA / Mastercard)

CARD NUMBER: _____ / _____ / _____ / _____ EXPIRY DATE: _____ / _____ CVV: _____

NAME ON CARD: _____ SIGNATURE: _____

OPTION 2: DIRECT DEPOSIT

Direct Deposit to: italktravel Glynde preference

Please arrange direct deposit of funds from your bank account and forward a copy of this payment details form along with the registration form to:

education.REstudygroup@sa.gov.au

Bank Details: ANZ Campbelltown

BSB: 015 211

Account Number: 351 393 037

Reference: **STUDY GROUP + YOUR SURNAME**

SIGNATURE: _____

OPTION 3: CHEQUE

preference

Please forward cheque, made payable to italktravel Glynde, with a copy of this payment details form to:

italktravel Glynde
485 Payneham Road
FELIXSTOW SA 5070

SIGNATURE: _____

Please also forward a copy of this payment form to: education.REstudygroup@sa.gov.au



THE SOUTH AUSTRALIAN

COLLABORATIVE CHILDHOOD PROJECT

2019 REGGIO EMILIA STUDY GROUP REGISTRATION

FULL NAME:
(as recorded on Passport)

NATIONALITY:
(as recorded on Passport)

PASSPORT EXPIRY DATE:
(DD/MM/YYYY)

RESIDENTIAL ADDRESS:
(include postcode and state)

PLACE OF
EMPLOYMENT:

POSITION
TITLE:

CONTACT MOBILE
NUMBER:

CONTACT HOME
NUMBER:

CONTACT WORK
NUMBER:

EMAIL
ADDRESS:

SPECIAL DIETARY REQUIREMENTS:
(required by airline)

ACCOMMODATION PREFERENCE:
(please tick preference)

TWIN SHARE

SINGLE SUPPLEMENT

TWIN SHARE ONLY:
Full name of shared occupant:

RETURN FLIGHT ADJUSTMENT:
(date and destination)

EMERGENCY CONTACT:
(include relationship)

CONTACT PHONE
NUMBER:

INVOICE CONTACT NAME:
(as recorded on credit/debit card)

INVOICE / RECEIPT
EMAIL ADDRESS:



Government of
South Australia