



Wellington Community Child Care Association Inc  
Te Whānau Manaaki Tamariki ki Pōneke

## 'Health & Safety Series' REGISTRATION FORM

**Date:** 28<sup>th</sup> Feb, 28<sup>th</sup> Mar, 25<sup>th</sup> Apr and 23<sup>rd</sup> May 2007  
**Venue:** WCCCA Office Base, 1<sup>st</sup> Floor 90 Abel Smith St, Te Aro  
**Time:** Feb: 9:00am - 12.00pm  
Mar, Apr, May 8:45am - 3.00pm

Registration Fee: WCCCA Member - **\$240**  
Non WCCCA Member - \$300

Make all cheques payable to WCCCA. Please treat this form as an invoice. WCCCA GST No. 42-026-522

cut along line

**Health & Safety Series**

**Name:** \_\_\_\_\_

*(Please print clearly for your certificate)*

**Workplace:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_ **home** \_\_\_\_\_ **work**

**Email address:** \_\_\_\_\_

**Payment Included For Full Series**      \$240 WCCCA Member Centre   
\$300 Non Member Centre

Please return this form with payment no later than Monday **Feb 19th 2007** to:  
WCCCA,  
P.O Box 6011  
Te Aro  
Wellington

**WCCCA Workshop**