



*The Mathematical Association of New South Wales, Inc.*

PO Box 339 North Ryde NSW 1670  
Ph, 02 9878 1487 Fax. 02 9878 1675  
[office@mansw.nsw.edu.au](mailto:office@mansw.nsw.edu.au)

Location: Kent Road Public School  
Kent Road Eastwood NSW 2122  
[www.mansw.nsw.edu.au](http://www.mansw.nsw.edu.au)

**INSERVICE COURSE REGISTRATION FORM 2009**  
**Please complete a separate form for each person or course.**

Details of cost and closing date are given in the Newsletter or on the MANSW Website.

Schools which are **Institutional** Members may send **two** staff members at the member's rate.

**Course Name:** .....  
**Course Date(s):** ..... **Course Venue:** .....  
**Course Registration Closing Date:**.....

Applicant's Name: ..... Applicant's school .....

MANSW Membership No: .....(if claiming membership discount)

NSW Institute of Teachers Registration Number (if applicable) .....

Mailing Address: .....

..... Postcode: .....

Phone (W)..... Phone (H).....

Fax (W)..... Mobile .....

Email:.....

**In case we need to contact you, if there is a change of course time or venue, please ensure you complete all contact details.**

**TAX INVOICE** **ABN: 31 164 921 721**

Amount Payable: \$..... (GST Inclusive)

Method of Payment:  Cheque  Mastercard  Visa

Credit Card No.

Cardholder's name (as on card): .....

Expiry date: ..... Signature: .....

If paying by cheque, make cheque payable to The Mathematical Association of NSW. Send cheque and completed form to PO Box 339, North Ryde NSW 1670.

If paying by **credit card**, this form may be faxed to (02) 9878 1675

- **Faxed applications without payment will not be processed.**

**No refunds will be given after the closing date.**

**Important: Please note that you are not registered for any event until you have received your Confirmation Receipt; if in doubt please contact the MANSW office.**