

AHRI COVID-19 WEBINARS SERIES

Corporate Member Registration Form

For all other registration types please go to ahri.com.au/webinars



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| Corporate Member ID: | <input type="text"/> | Organisation Name: | <input type="text"/> |
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WEBINAR SERIES

| Title: | Date |
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ATTENDEE INFORMATION *Required fields

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|-----------------|----------------------|--|-----------|----------------------|----------------------|
| *Given name: | <input type="text"/> | | *Surname: | <input type="text"/> | |
| Position title: | <input type="text"/> | | | | |
| *Organisation: | <input type="text"/> | | | AHRI member ID: | <input type="text"/> |
| Address: | <input type="text"/> | | | | |
| City/Suburb: | <input type="text"/> | | State: | <input type="text"/> | |
| | <input type="text"/> | | | <input type="text"/> | |
| *Email: | <input type="text"/> | | | *Phone: | <input type="text"/> |

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| | <input type="text"/> | | | <input type="text"/> | |
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| | <input type="text"/> | | | <input type="text"/> | |
| *Email: | <input type="text"/> | | | *Phone: | <input type="text"/> |

Once completed, submit your registration via email to CPDevents@ahri.com.au