

TAX INVOICE

ABN 51 004 313 142

This application form will become a
Tax Invoice on payment of the correct fee.



Certified HealthCare Facility Manager Application Form

IHEA member stage one of initial certification	\$110.00 inc GST	<input type="checkbox"/>
IHEA member stage two of initial certification	\$180.00 inc GST	<input type="checkbox"/>
IHEA member recertification (every three years)	\$220.00 inc GST	<input type="checkbox"/>
Non member stage one of initial certification	\$220.00 inc GST	<input type="checkbox"/>
Non member stage two of initial certification	\$360.00 inc GST	<input type="checkbox"/>
Non member recertification (every three years)	\$440.00 inc GST	<input type="checkbox"/>

REGISTRATION DETAILS

Name: _____

Organisation: _____

Position: _____

Phone: _____ Email: _____

Mobile Phone: _____

Qualifications: _____

Years of healthcare experience: _____

Have you developed a CPD plan?: _____ (If yes please attach, if no, do you need assistance?): _____

PAYMENT OPTIONS

I wish to pay by cheque (made payable to IHEA)

I wish to pay by credit card (Bankcard, Mastercard or VISA only)

Amount payable _____

Card Holder Name _____

Card Number _____

Expiry Date _____

Signature _____

Payment can be made by credit card during business hours by calling (03) 8623 3013

If paying by cheque please return payment & a copy of this form to:
Institute of Hospital Engineering, Australia
Level 3, 1 Elizabeth St., Melbourne VIC 3000
Phone: (03) 8623 3013 Fax: (03) 9614 8949

Please retain a copy of this invoice for tax purposes as no receipt will be issued.