

Cake Decorators' Association of SA Inc

2025 State Seminar

Saturday 24th May & Sunday 25th May 2025

Seminar Registration

Your details *(Please use Block Letters):*

Your Name:			
Postal Address:			
Suburb:	Postcode:		
Your phone:	<i>(mobile preferred)</i>		
Email address:			
CDASA Member <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes...	Your Branch:	
Emergency contact:			
Emergency phone:	<i>(mobile preferred)</i>		
Dietary <input checked="" type="checkbox"/>	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Coeliac	<input type="checkbox"/> Allergies <input type="checkbox"/> Other
More details:			
Health <input checked="" type="checkbox"/>	<input type="checkbox"/> I have a Medic Alert	<input type="checkbox"/> I have Ambulance Cover	
Health Fund Name:	<i>(if you have private cover)</i>		

Seminar Costs	Payment Options	Amount	Amount Paid
Option 1 <i>(full seminar):</i>	Pay in full by 28/04/2025	\$250.00	
Option 2 <i>(full seminar):</i>	Pay deposit by 1/03/2025	\$100.00	
	Pay balance by 28/04/2025	\$150.00	
Option 3 <i>(single day):</i>	Pay in full by 28/04/2025	\$150.00	
Date paid:	___/___/___	Total paid:	

Saturday night dinner – booking is essential
& will be at your own cost. *(Please circle)*

I will be attending the Saturday night dinner: **Yes / No**
 Partner: **Yes / No**

EFT Payment: Email your payment receipt and this form to: pechfamily@me.com	BSB:	105-121
	Account No:	071364840
	Account Name:	Cake Decorators' Association of SA
	Reference:	Your name
Cheque Payment: Post this form and your cheque to: Jeanette Pech ph: 0423 985 356 pechfamily@me.com	Payable to:	Cake Decorators' Association of SA
	Post to:	Seminar Registrar Jeanette Pech 46 Devonshire Avenue OLD REYNELLA SA 5161

We look forward to seeing you there
 Keep in touch – cdasa.org.au

