

National Tourism Accreditation Program

South Australian Tourism Accreditation Board Inc. GPO Box 1972, Adelaide, SA 5001
Telephone (08) 8463 4511 Facsimile (08) 7421 0275 www.tourismaccreditation.com.au



Registration Form

Complete details below and post or fax together with payment to the address above.

Registration and annual fees are based on the number of full time equivalent staff, whereby 2 part time or 4 casual staff members equal 1 full time equivalent.

Staff Numbers	1 to 5	6 to 15	16 to 50	51 to 100	101+
Total Fee (Including GST)	\$180.00	\$330.00	\$690.00	\$1020.00	\$1400.00
Please tick appropriate box					

Registered Business Name _____

Contact Person _____

Address _____

_____ Post Code _____

Telephone (08) _____ Fax (08) _____

Email _____ Website _____

Industry Type _____ Region of Operation _____
(e.g. B&B, self contained, tour operator) (e.g. Adelaide, Barossa)

I accept to receive the quarterly accreditation newsletter and other commercial accreditation information via electronic mail and/or fax from SATAB: Yes No

How did you hear about the program? _____

Payment Details

Payment Type Cheque Credit Card TOTAL \$ _____

Credit Card Type VISA MASTERCARD

Cardholder Name _____

Credit Card No. _____ Expiry Date _____

I understand that the required fee and details as explained in the documentation provided MUST be returned as soon as possible to become accredited. The business understands that the registration is valid for one year when it must be renewed. I give SATAB permission to list my business contact details (including telephone/fax number, email and postal address) on the Tourism Accreditation website www.tourismaccreditation.com.au

Signature _____ Date _____

Please retain a copy of this Registration Form for your records,
as on receipt of payment this becomes a Tax Invoice. ABN: 64 992 585 80

OFFICE USE ONLY
Phone registrations only.
Clauses stated on this form have been
verbally communicated to the operator
 Yes No