



Association of Alcohol and other Drug Agencies NT

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Darwin Innovation Hub
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CONFERENCE 2020

Refund Request

Organisation Name : _____
Invoice Number : _____
Invoice / Refund Amount : \$ _____

Bank Details

Please provide the bank details for the credit of funds to be transferred to

Account Name : _____
BSB : _____ - _____
Account Number : _____

I _____ (Name) the _____ (Position Held)
of _____ (Organisation) have provided AADANT with correct
organisational bank details for a refund on our Registration Fees for the AADANT Conference
2020 which has been cancelled due to COVID-19 restrictions.

_____ (Signature)

_____/_____/2020 (Date)

Office Use Only

Invoice Details Checked: ____ / ____ / 20

Refund Processed: ____ / ____ / 20