



# Registration Details

## Unplanned Pregnancy Counselling Training - Presented by

9:00am to 4:00pm each day, th, ~~BOE~~ March 201

Venue: 4)2 Lecture room, 70 Roe Street Northbridge WA

Funded by the Department of Women and Newborn Health Service

Cost: \$110 registration fee (GST free)

Name: \_\_\_\_\_ Preferred name for ID badge: \_\_\_\_\_

### **\*\*E-mail for confirmation & pre-reading:**

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Post code: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**To reserve your place, please fax, email or post this form with \*payment of \$110 registration fee (GST free) per applicant to:** Carol Millar, 4)2 , PO Box 141 Northbridge WA 6865 Ph: 9228 3693  
**or Fax to 9227 6871 or [carol.millar@TIRPSHBV](mailto:carol.millar@TIRPSHBV)**

Payment Method (please tick):

- Cheque/ Money Order (please make cheque payable to the Family Planning Association of WA (inc.)
- Credit Card please circle card Type : VISA / MASTERCARD

Name of Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

**\*The Registration fee is non refundable however if an applicant needs to cancel their place on the course they can nominate a suitable person to attend in their place.**

I (please circle) agree/do not agree to 4)2 using any photos taken of myself during this course/ workshop for the purposes of positive promotion (eg; website, annual report).

Signature .....

Organisation .....

Position .....

Date .....

### **If the course participant is not paying, please write the payer details below**

Name \_\_\_\_\_ Position \_\_\_\_\_

Organisation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**This registration form becomes a Tax Invoice on payment.**

**Please keep a copy for your records ABN 15 275 099 026**

SHQ (Sexual Health Quarters) | PO Box 141, Northbridge WA 6865 | Ph: 9228 3693 | F: 08 9227 6871