



WORKSHOP APPLICATION FORM

(Please complete ALL details and make more copies of this form as needed)

Name of the Workshop you wish to attend: _____

Date of the Workshop: _____

First Name: _____ Last Name: _____

Current Address: _____

Phone/Mobile: _____

Email: _____

Method of Payment (cheque/direct deposit/cash): _____

Workplace /Role / Age of children in your care: _____

* Please tick if you Do Not wish to be on our mailing list for upcoming workshops.

To Register - Please complete this application form and post or fax to Integrated Education and Communication, along with a cheque or money order made out to IEC for the full amount. Alternatively, you may pay by Direct Deposit. Account Name: IEC, BSB: 033113, Account No: 242 920, Reference: "insert your name here".

* Course fees are non-refundable. Should there be a need to cancel a workshop; all registered persons will be provided with a full refund.

Please direct all enquiries to Ann-Marie Russell - Ph: 9893 5547
email amr@abaservicesaustralia.com.au