



Workshop Registration Form

Please complete the details of the workshop that you would like to attend:

Workshop: _____

Venue: _____

Date: _____ Cost: _____

Names of participants:

1. _____ Position: _____

2. _____ Position: _____

3. _____ Position: _____

4. _____ Position: _____

5. _____ Position: _____

Centre name: _____

Telephone: _____ Fax: _____

Email address: _____

Postal address: _____

Suburb: _____ Postcode: _____

Total cost: \$ _____

Type of Payment:

By Invoice: By cheque / money order EFT
(payable to Expect A Star) (Refer to Invoice for Bank details)

By credit card: Visa Mastercard

Credit card number: _____ / _____ / _____

Name on card: _____ Exp: ____ / ____

Signature: _____

Please sign and return the form via fax to **1300 364 844** or post to **P.O Box 1575, North Sydney, NSW 2059**. We will then provide you with a confirmation of your workshop registration and a tax invoice.

Cancellations and Refunds

Should you be unable to attend a workshop, you may send another staff member as a replacement. If you cancel less than 14 working days prior or do not attend at all, no refund is available. Should you cancel 14 days or more before the workshop you will be refunded less \$10 to cover the cost of administration.