

REGISTRATION FORM

Please use one registration form per proposed attendee / per workshop. Return to Encompass Family and Community Pty. Ltd. Please keep a copy for your records.

Costs include 10% GST. Upon payment, your copy of this form becomes your
TAX INVOICE ABN: 58 112 666 592

Name

Position

Organisation

Postal address

Telephone.....

Email (please print clearly)

Workshop title:

Workshop date/s:

Venue: You will be given details of venue in pre-training information emailed to you prior to commencement of the workshop. Please ensure the email address above is correct.

Payment: See our brochure *Learning and Development Series 2010* or our website www.efac.com.au for cost per workshop. Please read the conditions of registration and payment outlined in our brochure and on the website.

Cost of Workshop \$.....

Payment to be made by: Credit card Cheque Please invoice

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Cardholder name (print)

Expiry date:/..... Visa MasterCard

Cardholder signature:.....

Fax form to: 07 3398 6102
or post to: 11 Brown Street, Camp Hill, 4152
Alternatively, you can register online at www.efac.com.au