

# Registration Form

Please fill in the form and mail cheques / money orders to P.O. Box 1123, Lane Cove, N.S.W. 1595

## A. Personal Details:

First Name:	Last Name:
Postal Address:	
Postcode:	
Phone:	
Mobile:	
Email:	
Usual Occupation:	

## B. Workshop Details:

I wish to enroll in the following lecture / workshops			
<input type="checkbox"/>	Lecture	Date: / /	\$15.00/person
<input type="checkbox"/>	Introductory Workshop (1 day)	Date: / /	\$190.00
<input type="checkbox"/>	Intermediate Workshop (1 day)	Date: / /	\$220.00
<input type="checkbox"/>	Intensive Advanced Workshop (2 days)	Date: / /	\$495.00
<input type="checkbox"/>	Host Workshop Outside Sydney (2 days)	Date: / /	\$410.00 \$410.00

## C. Disclaimer:

*I agree to co-operate fully with the organisers and with any decisions made in the best interests of all participants. I accept personal responsibility for any illness or injury to myself and will in no way hold the facilitators, property owner or Trisha Mc Cagh responsible for any illness or injury incurred that may occur for any reason whatsoever or for any action I choose to carry out as a result of the lecture / workshops.*

Signed: \_\_\_\_\_ Date: / /

## D. Office Use Only

Processed:  Date: / /