



## ENROLMENT & PAYMENT AUTHORISATION

*Click on the Attendee Name field and press TAB to move through the form*

Attendee Name	
Attendee Email Address	
Attendee Contact Number (preferably mobile)	
Workshop to be booked	
Invoice to be made out to	
If you are not the attendee, please provide your email address. We will send a receipt to you	
Amount	

## Payment

Please tick your method of payment: Credit Card  Bank Deposit  Cheque/money order

### **Bank Deposit:**

Psychological Flexibility P/L

Commonwealth Bank

BSB Number: 063141 Account number 10325887

*Please use your name as the reference so that we can trace your payment. Also, email/fax a remittance advice to us.*

### **Cheque/money order:**

If you are paying by cheque, payment needs to reach us at least 7 days prior to the workshop date.

Please make cheques payable to: PSYCHOLOGICAL FLEXIBILITY P/L.

Please note: we only accept cheques in *Australian* dollars.

### **Credit Card (Visa or Mastercard only):**

Cardholder Name \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Credit Card Number		
Expiry	CVV (3 digits on the back)	

Please email this form to: [admin@actmindfully.com.au](mailto:admin@actmindfully.com.au)

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