

Registration Form

PERSONAL DETAILS

(Ms/Mrs/Mr/Dr/Prof) Family name: _____ Given name/s: _____

Organisation _____

Postal Address: _____

City: _____ State: _____ Postcode: _____

Tel:(_____) _____ Email: _____

CONFERENCE DETAILS

Event: Psychology Report Writing

Format: Seminar/Presentation

Presenter: Dr Maxine Hawkins

Venue: Edith Cowan University
Bradford Street, Lecture Theatre ML 10.131, Mt Lawley

Start/End Date: 19th January 2013

Time: 8:30am registrations 9:00am-12:30pm (Morning Tea included)

Contact: Luke at Clear Health Partners for registration details.

Company: Clear Health Partners

Telephone: 0432 321 964

Email: clearhealthpatners@hotmail.com

TERMS AND CONDITIONS

Tax receipts can be collected on the day with attendance certificate. Organisations which pay an invoice can be sent a tax invoice on request.

If you use the direct debit, please include your surname and initials in the blank details to ensure we can link your payment with your enrolment.

Enrolments are processed in order of receipt. Once the venue limits are reached we will inform you if we cannot accommodate.

Your enrolment can be emailed to clearhealthpartners@hotmail.com

A confirmation email will be sent to you with an attached tax invoice.

CONFERENCE REGISTRATION FEES – please tick the appropriate box

| | | |
|----------------------------------|--|--|
| Psychology Report Writing | <input type="checkbox"/> \$180 (inc.GST) | <input type="checkbox"/> \$220 (inc.GST) |
| | Early Bird Registration (payment received by 10 th Jan 2012) | Standard Registration (payment received by 19 th Jan 2013) |

PAYMENT DETAILS (payment of registration fee must accompany this form)

Payment Method-please tick the appropriate box

EFT Transfer. Please ensure you enter your first and last name.

Clear Health Partners PTY LTD BSB 036 041 Account No: 276892

Payment by credit card

MasterCard Visa

Card Number: _____

Expiry Date ____ / ____

Card Holders Name [please print] _____

Signature _____

Registration Cancellation Policy

Cancellation of a registration must be notified in writing to Clear Health Partners. Cancellations prior to 31st December 2012 will receive a full.

Refund less \$50 administration fee. No refund will be given for cancellation after 10th January 2013, however substitutions will be possible.

Agreement to Terms and Conditions: I wish to register to the Psychology Report Writing seminar and acknowledge the registration terms including the cancellation policy.

Signature _____ Date ____ / ____ / ____