	TATRA Corporate	& Allied Health Training Serv	ices REGISTI	RATION FORM	
ould like to attend Mindfu totions and Improving C Indicate which location y	lient Outcomes, prese	and Attachment Theory: A ented by Terry Fralich	Powerful Approach fo	r Changing the Brain, Ti	ransforming Negative
■ Sydney 8 October 2014	Canberra 10 October 2014	Derth 13 October 2014	☐ Adelaide 15 October 2014	■ Melbourne 17 October 2014	Distance Brisbane 20 October 2014
Sydney: Wesley Conferr Canberra: The Hellenic Perth: Wollaston Confer Adelaide: Balyana Conf Melbourne: Darebin Art Brisbane: Broncos Leag	Club of Canberra, Mati ence Centre. 5 Wollast erence Centre. 46 Stra s & Entertainment Cent	lda Street, Woden on Rd, Mt Claremont thcona Ave, Clapham re. Cnr Bell St & St George	s Rd, Preston		
Time: 9.15 am - 4.30 Cost: \$335) pm				
is final and not negotiabl management prevent TA # TATRA is unable to ac # Morning/afternoon tea	riting will be accepted. e. TATRA regrets diffic TRA from assuming re cept responsibility for th and lunch will be provid nce will be issued after	No refund will be given for o cult personal circumstances sponsibility for these conting he failure of the presenter to ded. the workshop via e-mail.	that prevent participants gencies. Registrations ar	to attend, however the loge transferable to another	gistics of event person in full.
		Το	Enrol:		
1. Select the course you	· · · · · · · · · · · · · · · · · · ·				
 Should you require a Accounts Payable D If you wish to pay via l be forwarded to TATR 	e correct payment (che n invoice in order to sept. You will need to SEFT please return this f A upon your EFT paym s a reference when ma	que, money order or credit or make your payment then submit this registration fo form to us first, we will then thent. We will not secure you aking your payment so we a	please make sure that v rm to TATRA first in ord issue an invoice with our r booking unless we are	ve have correct details of der for us to issue an inv banking details attached.	of your Manager or voice. Remittance notice MUS
	inour a move carenarge				
Organisation: 				State: Pos	stcode:
rel:	Email:				
Tax Invoice to be sent	o (provide name and a	ddress of contact person, e	.g. manager, finance dep	ot. details, etc.):	
Credit Card Details:		SA 🗆 MAS	TERCARD		
NAME ON CREDIT CAP	1D				·····
CREDIT CARD NUMBE	R				
EXPIRY DATE	_/	AMOUNT \$			
SIGNATURE					
TATRA Corporate & All	ied Health Training S	ervices ABN: 52 173 80	2 185	23 Morgan St. South E	Brighton SA 5048

TATRA Corporate & Allied Health Training ServicesABN: 52 173 802 1Tel: (08) 8221 6668Fax: (08) 8221 5033

23 Morgan St, South Brighton SA 5048 E-mail: <u>Info@tatratraining.com</u> <u>www.tatratraining.com</u>