

Tax Invoice/Registration Form

ABN 62 406 997 428

HEALING BROKEN BONDS:

Traumatic Attachment and Affect Dysregulation

- Dr Janina Fisher

The Delphi Centre – Professional Development Training

PO Box 518, Carlton North, VIC 3054, Australia

Telephone: (03) 9387 6694 Fax: (03) 9387 6684 NEW CONTACT NUMBERS!

Online registration at www.delphicentre.com.au – Conferences and Workshops

IMPORTANT INFORMATION

- use BLOCK LETTERS
- forward with FULL PAYMENT – only for THIS seminar (separate payment required for other trainings)
- ONE FORM per delegate – complete ALL DETAILS
- ERRORS in category/payment will be processed as advertised

Section A: Delegate Details

Title Prof. Dr Mr Ms Mrs Miss

Given name _____

Last name _____

Badge name _____
(if different from above)

Occupation _____

Mailing Address Home Work
(please select)

Organization _____
(if WORK MAILING address)

Address _____

Suburb / Town _____

Postcode / Zip _____

State _____ Country _____

B/H Telephone (_____)

A/H Telephone (_____)

Facsimile (_____)

Mobile _____

Email (for receipt/confirmation details and conference related resources)

Special dietary requirements - Please select to ensure appropriate catering
(tickets will be provided at venue):

- Vegetarian Vegan Gluten-free Lactose-free
 Diabetic Halal Kosher Nut allergy
 Other (List) _____

Special access requirements _____

How did you hear about this training

- The Delphi Centre Cannan Institute APS In Psych PsychOz
 AASW RANZCP ACF ACPM
 Other (List) _____

Please complete overleaf Sections B & C

Section B: Registration Fees

All prices are quoted in Australian dollars and are inclusive of Goods and Services Tax (GST). Please select the category you are registering for:

NOTE: Forwarding this application is an acceptance of the terms and conditions outlined

Registration Type	Early Bird	Standard	Late
Payment received online or fax by 6.00pm AEST or postmarked on or by dates listed	Ends 2 April 2010 6pm AEST	After 2 April–11 May 2010 6pm AEST	After 11 May 2010 6pm AEST
Individual	<input type="checkbox"/> \$425	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545
Sponsor Staff/Member or Group of 5+ Please check CRITERIA for Additional Discount (see Registration Fees) – or regular rate applies	<input type="checkbox"/> \$400	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525

If applicable to DISCOUNT CRITERIA:

I am a current financial member of sponsor (list): _____

Select City Attending:

Melbourne 21-22 May

Sydney 25-26 May

Brisbane 29-30 May

Section C: Your Payment Options

If ALSO registering for another PD training please provide separate payment with relevant registration form.

1. Online Registration

Register at our secure site www.delphicentre.com.au

2. Credit Card (only these)

Visa

Mastercard

Credit card number _____ - _____ - _____

Expiry date ____ / ____ Today's date: _____

Print cardholder's name _____

Signature _____

3. Cheque, Bank Draft, Money Order

Please make payable to: The Delphi Centre in Australian Dollars (\$AUD)

IN SUBMITTING APPLICATION I agree to contact The Delphi Centre if my receipt / confirmation letter:

a is not received by EMAIL within 3 business days (7 days if at expiry of Early Bird or Standard registration)

b contains any errors (city attending; name; contact details)

Applications will be processed according to advertised conditions – please ensure you provide the correct details

the delphi CENTRE
PROFESSIONAL DEVELOPMENT TRAINING

Visit:
www.delphicentre.com.au

GO TO CONFERENCE AND WORKSHOPS.
CLICK ON LOGO BANNER FOR THIS TRAINING FOR ALL DETAILS.