

CLINICAL TRAINING WORKSHOP REGISTRATION FORM

Name	
Address	
Suburb	
City	Postcode
Home Phone ()	Mobile Phone ()
Email address	
What is your current role / position?	
What related qualification do you currently hold?	
How were you referred to this training?	
Do you have any special dietary requirements?	

<p>Payment Options Please note as places for this workshop are strictly limited a deposit of \$250 is required prior to the workshop to secure your place.</p> <p>DirectDeposit: Name: Centre for Play Therapy Bank: Commonwealth Bank Account Number: 1007 0739 BSB: 064-192</p> <p>Payment can be made by bank transfer or online credit card via our invoice system. Once registered you will receive an invoice with payment details.</p>	
Signature	Date

