

## Workshop Registration Form

Title of workshop \_\_\_\_\_

Date of workshop \_\_\_\_\_

Town/City \_\_\_\_\_

Total no. participants \_\_\_\_\_

Cost per person     \$66     \$99     \$132

Less 15 % discount for 3 or more persons

Total Amount: \$ \_\_\_\_\_

**I will pay the total amount via (indicate one of the following):**

EFT

(Please attach transaction record)

Account Name: LifeTec Qld

Account No: 000433125

BSB: 484 799

ABN: 19 690319

Credit Card

I prefer not to write my details, please call me on ( \_ ) \_\_\_\_\_ to arrange payment.

Mastercard     Bankcard     VISA

Name on card \_\_\_\_\_

Card No

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CCV# \_\_\_\_

Expiry Date

\_\_ / \_\_

I authorise LifeTec Queensland to debit my credit card with the total amount shown above.

Card Holder Signature \_\_\_\_\_

Invoice

Billing name \_\_\_\_\_

Billing organisation \_\_\_\_\_

Billing address \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Please complete Participant Details on Page 2

**Cancellation & Refund Policy**

Cancellations up to 7 days prior to the session will receive a full refund. Fees from registrants who cancel less than 24 hours prior to the event is not refundable and will be considered a tax deductible donation. Thank you for your generosity. Registrants may arrange for another person to attend in their place. Registrations will be confirmed when payment has been received. LifeTec reserves the right to cancel the workshop if there are insufficient registrations. In this event, payment can be transferred to another workshop topic or event or a refund may be requested.

OFFICE USE ONLY

Activity # \_\_\_\_\_

Receipt

YES     NO

## Participant Details

Please copy this form if more than three participants are to attend.

|                                 |       |
|---------------------------------|-------|
| <b>Name of participant</b>      | _____ |
| Email                           | _____ |
| Profession                      | _____ |
| Contact Phone                   | _____ |
| Organisation                    | _____ |
| Learning goals                  | _____ |
| Dietary or other specific needs | _____ |

|                                 |       |
|---------------------------------|-------|
| <b>Name of participant</b>      | _____ |
| Email                           | _____ |
| Profession                      | _____ |
| Contact Phone                   | _____ |
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|                                 |       |
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