



Touching Base Inc
Professional Disability Awareness Training

Registration Form – please print clearly

*You can register with a working name.
All details will be kept confidential.*

Surname _____ First Name _____

OR

Working Name _____

Year of Birth _____ Sex F M T

How did you hear about this course? _____

Country of Birth _____

Are you of Aboriginal or Torres Straight Islander origin?
Yes No

Language other than English used at work?

Australian Post Code _____

Ph _____

Email _____

The information given by you will only be used by Family Planning NSW & Touching Base Inc.

The Payment details given by you will only be used by Family Planning NSW.

If you DON'T want to be on the Family Planning NSW mailing list, please tick

If you DON'T want to be on the Touching Base Inc mailing list, please tick

PAYMENT DETAILS:

Payment to be received no later than Thurs 21st February 2008

Cheque/money order enclosed – (please make cheques payable to Family Planning NSW),

OR

Please debit my Visa Mastercard for \$ _____

Name appearing on card _____

Credit Card Number _____ / _____ / _____ / _____

Expiry date ____ / ____ / ____

Signature _____

Please provide my invoice on the day of the workshop,

OR

Please send invoice to:

Name of person _____

Address _____

NOTE:

If you wish to pay cash, please contact Touching Base directly via email: info@touchingbase.org

Also, please let us know if you have any specific requirements (dietary, access, format of information. etc)

**Please send completed application form with payment to:
Athena Donikian, Course Coordinator
Professional Education Unit,
Family Planning NSW, 328-336 Liverpool Rd,
ASHFIELD, NSW 2131 Ph 02 8752 4349 Fax 02 8752 4392**