



# Workshop Enrolment Form 2015

Workshop Name: Maternity 2

19<sup>th</sup> & 20<sup>th</sup> September, 2015 Full Price of Workshop : \$400



Please complete enrolment form and send original to ASRR 9 Synnot St, Werribee, VIC 3030  
or email to [info@asrr.com.au](mailto:info@asrr.com.au)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Method (please tick)

Cheque     Money Order/ Bank Cheque    Credit Card:  VISA     Mastercard     Bankcard

Credit Card Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expiry Date on Card: \_ \_ / \_ \_

Name on Credit Card: \_\_\_\_\_

Amount to be debited: \$ \_\_\_\_\_

Authorising Signature: \_\_\_\_\_

**By completing this form you are agreeing to our Cancellation Policy:**

*Cancellations received in writing before 2 weeks prior will be refunded less a \$55 administration fee. Cancellations notified after this date will not be eligible for any refund unless in exceptional circumstances. If for any reason the workshop is cancelled by ASRR, any monies received will be refunded in full.*

<b>Office Use Only:</b> Date rec'd _____	Paid <input type="checkbox"/>	Receipt <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Assigned to Course <input type="checkbox"/>
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