ASIST WORKSHOP REGISTRATION FORM

**DATES:** 4th & 5th February 2015

**TIME: 9 – 5pm**

**VENUE: Darwin Sailing Club, Atkins Drive, Fannie Bay**

***full attendance for the entire 2 days of the ASIST workshop is essential***

**COST STRUCTURE (including GST):**

$220 per person (non government organizations & students)

$275 per person (government)

**Please indicate Age Range:** 15-19 20-24 25-34 35 +

**Male**  **Female** 

**Please print name clearly to avoid any spelling mistakes, as it will be used for your certificate.**

# **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Cultural Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­

**Postal Address (for invoice):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address (for certificates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Workshop Cost:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Purchase Order No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Code (For Anglicare staff only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lunch will be provided on both days, please indicate any special dietary requirements below:**

**MEDIA AUTHORISATION**

I give permission for Anglicare NT to use photographs, video footage and or voice recordings of me in Anglicare NT Presentations and Publications.

YES, I give my permission to take photos, videos and voice recordings of me

NO, I do not give permission for photos, video or voice recordings of me

* **Please attach a copy of your purchase order to the registration form**
* **A TAX INVOICE WILL BE ISSUED AFTER THE WORKSHOP**
* **Full payment is required if less than 2 working days notice of cancellation is provided**

E**MAIL, POST OR FAX TO:** Emily Gronholt

Anglicare NT

PO Box 36506 Winnellie NT 0821

Ph: 8985 0000 Fax: 8985 0001

Email: [egronholt@anglicare-nt.org.au](mailto:egronholt@anglicare-nt.org.au)