

## HOLIDAY FOR YOUR MIND 2018 SMT Summer Weekend Workshop Registration Form

**I would like to register for the SMT Summer Workshop as follows:**

Name: ..... Date : \_\_/\_\_/\_\_/

Address: .....P/code: .....

Email: .....

Tel (H): ..... MOB: .....

**DATES:** 6 – 7 January 2018, inclusive

**TIME:** 9.30am – 5.00pm (both days)

**VENUE:** Stillness Meditation Therapy Centre  
146 – 148 High St, Kew, Victoria

**Fee:**  \$490 EARLY BIRD - PAY IN FULL BY 5 DECEMBER 2017  
 \$550 AFTER 5 DECEMBER 2017

**(Morning, afternoon teas and lunch provided on both days)**

**Payment Method:**

**Cheque** payable to P.G. McKinnon to the amount of \$ .....

Please charge my **credit card** (visa or Mastercard only) for the amount of \$.....

Credit card number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/ Expiry Date \_\_/\_\_/\_\_

Name on card: ..... Signature: .....

**Direct Debit:** Please deposit appropriate amount to:  
BSB 063 142 ACC # 1048 9950 ACC Name: Pauline McKinnon Pty Ltd  
(please email us confirmation of your deposit or note receipt number on this form)

**Registration not confirmed unless payment received**