

SMT Summer Workshop 2019 HOLIDAY FOR YOUR MIND Registration Form

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

Name: Date : __/__/__/_/

Address:P/code:

Email:

Tel (H): MOB:

DATES: 5 – 6 January 2019 inclusive

TIME: 9.30am – 5.00pm (both days)

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

Fee: \$520 EARLY BIRD - PAY IN FULL BY 6 DECEMBER 2018
 \$590 AFTER 6 DECEMBER 2018

(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