

---



---

# Physical Activity for Older Adults Workshop

## Thursday 8<sup>th</sup> December 2011

### Registration Form / Tax Invoice\* (one per person)

---



---

*\*Payment confirms placement after which this combined form is deemed a Tax Invoice*

Organisation Purchase Order no (attach copy if applicable) \_\_\_\_\_

Participant name: \_\_\_\_\_

Organisation: \_\_\_\_\_  
(for receipt purposes)

Position in organisation: \_\_\_\_\_

Organisation address: \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Print Email address: \_\_\_\_\_

**Send registration/tax invoice form to: Lynette Bon as email [l.bon@nari.unimelb.edu.au](mailto:l.bon@nari.unimelb.edu.au) or fax: 03 9387 4030**

**A NARI email will reconfirmation your registration**

**Registration fee \$330 (including GST) per person OR \$315 per person for multiple registrations from same organisation**

(Registration fee includes morning / afternoon tea, lunch and all course materials)

Special requirements: \_\_\_\_\_

**Electronic Funds Transfer (EFT)** payable to the National Ageing Research Institute  
BSB no: 083-865 Account no: 634 926 008 Payment Reference (organisation name + registrant's name)

**Credit Card:**  Visa Card  Mastercard  Other (please specify) \_\_\_\_\_

□□□□-□□□□-□□□□-□□□□ Amount: \$ \_\_\_\_\_ Expiry date: \_\_\_ / \_\_\_

Card holder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Cheque** payable to the National Ageing Research Institute (ATTACHED totalling \$ \_\_\_\_\_)

**Cancellation policy:**

Please note that the registration fee is not refundable and must be paid prior to the commencement of the activity, unless other arrangements have been made. Your place may be transferred to a colleague or, with prior notice (not less than 48 hours), a credit redeemable at the next available workshop may be negotiated. A full refund will be given where an activity is cancelled due to insufficient enrolments. I understand the conditions regarding enrolment and payment as detailed above:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_