

Registration Form

TAX INVOICE
ABN: 97127418919

Name: _____ Organisation: _____

Postal Address: _____ Postcode: _____

Email (print): _____

Contact Tel: _____ Mob: _____


I verify that I am a Psychologist (Rego No. _____) Signed: _____

I would like to register for:

- Clinical Seminar program for School & Ed Psychologists ONLY - \$575.00
- Advanced Clinical Workshops ONLY (all 4) - \$340.00 (past participant Seminar program \$320.00)
- BOTH Clinical Seminar program AND Advanced Clinical Workshops - \$860.00
 - Advanced Clinical Workshop #1 "Adolescent Counselling & Therapy" ONLY - \$90.00
 - Advanced Clinical Workshop #2 "Adolescent Risk & Crisis Management" ONLY - \$90.00
 - Advanced Clinical Workshop #3 "Designing & Running Group Programs" ONLY - \$90.00
 - Advanced Clinical Workshop #4 "Traumatised & Bereaved Adolescent" ONLY - \$90.00

Method of payment

Total Fee Payable: \$ _____ .00
[includes 10% GST]

 **Internet** direct deposit*: National Australia Bank

Account Name: *Neo Psychology Pty Ltd* BSB: 083 184 Account Number: 85 780 6281

* Please forward an email (or mail) a copy of payment confirmation to enable us to verify your payment.

Mail to PO Box 7 Kew East 3102: **Cheque:** payable to: '*Neo Psychology Pty Ltd*'

Credit card: Visa M/Card Cardholder name: _____

Signature: _____ expiry ____|____| / ____|____|

____|____|____|____| ____|____|____|____| ____|____|____|____| ____|____|____|____|

* Receipts will not be issued unless requested - please retain a photocopy of the completed form for your tax records

Please forward this form with payment to: Neo Psychology, PO Box 7 Kew East 3102

Cancellation Policy

Cancellations must be received in writing to Neo Psychology. Refunds are given for cancellations received by 5.00pm 7 days prior to the training, or first day in a sequence (less a \$50 admin fee). No refunds are possible after this date; however, we are more than happy to transfer your registration to another person upon notification.