

This completed form is a tax invoice for purposes of GST after payment is received.

Autism Advisory and Support Service
 ABN: 63073684085

The Pleasure of Smell and Touch to Regenerate the Brain Naturally Seminar.

(Ms/Mrs/Mr/Dr/Prof)

Family name: _____

Given name _____

Organisation: _____

Position held: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Daytime contact number: _____

Mobile: _____

Email: _____

Facsimile: _____

Please indicate special dietary requirements/needs:

**Fees include morning tea, lunch and afternoon tea.
 Please tick your preferences:**

Professionals:
 (Standard rate)

1-day: \$200
 2 days: \$350
 All 3 days: \$500

Early Bird Rates
 (must be received & paid by 10th August)

1-day: \$180
 2-day: \$320
 3-day: \$450

Standard full-time student and Parent registration
 \$40 per day

Full-time students (please provide student ID: _____)

Registration fee total (inclusive of GST): \$

PAYMENT DETAILS.

Visa Mastercard Debit Card Cheque/money order

Card Number _____

Expiry __ / __ CRN ____

Signature _____

Registration Form



TERMS & CONDITIONS

1. Cancellations received before 10th September 2010 will receive a 50% refund. Any cancellations received after this date will not receive a refund.
2. AASS reserves the right to amend any part of the program should it be necessary. All changes will be on the program on the AASS website.
3. Name tags should be worn at all times during the conference for security and identification reasons.

If paying by credit card you can fax your registration form to 02 9601 1339
 If paying by cheque or money order please send registration form by mail with payment made payable to:
 Autism Advisory and Support Service
 88 Memorial Ave Liverpool NSW 2170
 For further information please call 02 9601 2844 (between 10am and 2pm), or email info@aass.org.au