

TATRA Corporate & Allied Health Training Services REGISTRATION FORM

I would like to attend **"Stop the "Anger-Go-Round": Practical & Powerful Techniques for Taking Charge of Anger"** with Dr. Robert Nay

Indicate which workshop you are attending:

- Sydney** 3 September 2012
 Brisbane 5 September 2012
 Melbourne 7 September 2012
 Adelaide 10 September 2012
 Perth 12 September 2012

Sydney Venue: SMC Conference & Function Centre, 66 Goulburn St, Sydney, NSW
Brisbane Venue: Broncos Leagues Club, 98 Fulcher Road, Red Hill QLD 4059
Melbourne Venue: Darebin Arts & Entertainment Centre, Cnr Bell St & St Georges Rd, Preston, Vic 3072
Adelaide Venue: Next Generation Health Club, War Memorial Drive, Adelaide SA 5000
Perth Venue: Wollaston Conference Centre, 5 Wollaston Rd., Mt. Claremont, WA 6010
Time: 9. 15 am – 4.45 pm

Early Bird rate (before 3 August 2012)	Standard rate	Student rate (self-funded & full-time only & not in any employment)
\$ 295 per person	\$ 330 per person	\$265 per person (before 14 September 2012)

- # All prices include GST. Payment is required to secure registration.
- # Only cancellations in writing will be accepted. No refund will be given for cancelling less than 5 working days before each seminar. Cancellation policy is final and not negotiable. TATRA regrets difficult personal circumstances that prevent participants to attend, however the logistics of event management prevent TATRA from assuming responsibility for these contingencies. Registrations are transferable to another person in full.
- # TATRA is unable to accept responsibility for the failure of the presenter to appear due to extreme weather conditions and /or flight cancellations
- # Morning & afternoon tea and lunch will be provided. Certificate of attendance will be issued upon request. Requests must be emailed to info@tatratraining.com after the workshop.
- # All courses are run subject to minimum numbers.

To Enroll:

1. Select the course you wish to attend (tick boxes above).
2. Complete the registration details below.
3. Send this form with the correct payment (cheque, money order, EFT or credit card details) to TATRA Corporate & Allied Health Training Services.
3. **Should you require an invoice in order to make your payment then please make sure that we have correct details of your Manager or Accounts Payable Dept. You will need to submit this registration form to TATRA in order for us to issue an invoice.**
4. Remittance notice **MUST** be forwarded to TATRA upon your EFT payment. We will not secure your booking unless we are advised that payment has been made.
5. Credit card payments incur a 1.5% surcharge.

Name: _____

Organization: _____

Address: _____ State: _____ Postcode: _____

Tel: _____ Fax: _____ Email: _____

Tax Invoice to be sent to (provide name and address of contact person, e.g. manager, finance dept. details, etc): _____

Credit Card Details:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
NAME ON CREDIT CARD	_____	
CREDIT CARD NUMBER	_____	
EXPIRY DATE	___/___/___	AMOUNT \$ _____
SIGNATURE	_____	