# TATRA Corporate & Allied Health Training Services R E G I S T R A T I O N F O R M

I would like to attend the 2-day workshop on **"Clinical Supervision". ** Please register my application.

**Date:** **2 & 3 April 2012**
**Time:** 9.30am - 4.00pm
**Venue:** Balyana Conference Centre, 46 Strathcona Ave, Clapham, SA
**Facilitators:** Adrienne Jeffries *((BSW, Dip. Psychosynthesis)*
**Cost:**

| **Early Bird** *(before 2 March 2012)* | **Standard Rate** |
|---|---|
| $460 | $520 |

# 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. Every participant will receive a handout and a list of resources.
# 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 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:** ☐ **VISA** ☐ **MASTERCARD**

**NAME ON CREDIT CARD** ____________________

**CREDIT CARD NUMBER** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

**EXPIRY DATE** __ __ / __ __ **AMOUNT $** ____________________

**SIGNATURE** ____________________

**TATRA Corporate & Allied Health Training Services ABN 52 173 802 185**
**23 Morgan St, South Brighton SA 5048**
**Tel: (08) 8221 6668 Fax: (08) 8221 5033 E-mail: tatra@chariot.net.au www.tatratraining.com**