

Seminar

FROM HOSPITAL TO THE COMMUNITY

25 July 2008

9am to 4pm

Northcote Town Hall

ABN 19 039 293 679

HOW TO REGISTER

Mail

Print this form, complete it and return with payment details to: Chris McDonnell VAADA, 211 Victoria Parade Collingwood 3066

Fax

Print this form, complete and fax to: (03) 9416 2085

HOW TO PAY

Electronic Funds Transfer (EFT)

Macaulay Community Credit Co-operative Ltd
BSB: 083422
Account number: 223023444
Account Name: Victorian Alcohol & Drug Association Inc.

Record the identifier on your registration form.

Cheque or Money Order

Payable to the Victorian Alcohol & Drug Association Inc
Send with your registration form to the above address.

REGISTRATION FORM & TAX INVOICE

Title _____ Name _____

Position _____

Organisation _____

Address _____

City _____

Email _____

Phone: _____ Fax _____

Payment Method

VAADA/VAILA Member \$60.00 Non Member \$70.00

Cheque (payable to VAADA)

EFT - Identifier _____ (Please provide identifier to ensure payment is recorded)

Mastercard Visa

Credit Card Number _____ / _____ / _____ / _____

Expiry Date ____ / ____

Cardholder's Name _____

Signature _____

\$ _____ Total Payment Enclosed