

To equip and support those who work with people affected by trauma

**Workshop Registration.**

Name…………………………………………………………

Position………………………………………………Organisation……………………………………..

Phone contact. ………………………………………Email………………………………………………

Workshop 1………………………………………………………………………………………………………

Date & Location………………………………………………………….

Workshop 2………………………………………………………………………………………………………

Date & Location………………………………………………………….

Payment of $………. by;

Cheque to Body Mind Spirit Connection. P.O Box 192, Labrador 4215

Or Invoice to Name; ……………………………..

Address………………………………………..

Or Visa or Mastercard

Name on Card…………………………………. Card type Visa/MasterCard

Card Number……………………………………………………………. Expiry date…………………….

3 digit Security Code (last 3 digits on back of card)……………..

Signature………………………………………

[mary@bmsconnection.com.au](mailto:mary@bmsconnection.com.au) [www.bmsconnection.com](http://www.bmsconnection.com)

Registration to be received prior to I week before workshop date as most venues require confirmation of numbers at that time. Cancellation received at least 4 working days before the workshop will receive refund. If you cannot attend on the day a replacement will be accepted.