

REGISTRATION FORM School of Children's Counselling 2009

Please detach and return. You will be sent further details

Name _____

Phone _____

Address _____

_____ Postal Code _____

Church or organisation you represent: _____

Email _____

[] **Brisbane 15 -19 March 2010**

Payment (Please tick what applies and enter the amount)

[] School of Children's Counselling Mon to Friday (\$250) \$ _____

[] An Introduction to Counselling - Monday only (\$75) \$ _____

[] Empowering Children - Required Textbook (\$60) \$ _____

[] Kids in Crisis - Required Textbook (\$60) \$ _____

Total \$ _____

Cheque Enclosed _____ Visa _____ MasterCard _____

Card Number _____

Expiry Date ____ / ____ Cardholders name _____

Signature _____

If traveling from out of town or interstate and need help with suggestions on accommodation, please phone the local host listed.

DETACH THIS PAGE AND SEND TO KIDSREACH AT:

Australia: PO Box 265 North Richmond NSW 2754, or Fax: 02 45711789.

**For all enquiries about the course, or if you would like a course outline,
email: david.kidsreach@gmail.com**

Or phone 0414859020. (Outside Australia, please call +61 2 45714276)