

## NAVIGATING STORMY SEAS: achieving better outcomes for families in high conflict REGISTRATION FORM

l,		. (insert name)
from	(insert company/	agency name)
will be attending the event at Luna Park at Milsons F	Point on Wednesday 1	1 <sup>th</sup> March.
Contact phone number:		
Email address:		
Tax invoice can be emailed  Yes	s 🗖 No	
Mailing Address:		
Dinner: (Please tick one only)		
■ I will be attending dinner		
■ I will not be attending dinner		
Any special dietary requirements? If yes, please sp	-	
Payment details: Please deduct (Please tick one of	nly)	
■ \$80 (employed at an FRSP-funded agency)		
□ \$120 (self-employed or non-FRSP funded)		
Please debit my		
Card Type:   Mastercard   Visa		
Card Number:	Expiry Date:	
Name on Card:		
Signature:	Date:	
☐ I have enclosed a cheque to this amount made	out to Interrelate Fami	ly Centres
Credit Card Payments: email form to jenny.dawson or fax to (02) 9521 2184	@interrelate.org.au	
Cheques: mail to Interrelate, C/O Jenny Dawson, 160 Bath Road, K	irrawee NSW 2232	