



Workforce Well Being Day

Registration Form

Wednesday 8th June 2011

All registrations must be received by 30th May 2011 – Limited to 80 places

Name: _____

Organisation: _____ Position: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Cost: **\$50 for early birds** if you get in by the 19th of May or **\$60 Normal Price (includes lunch & Refreshments)**

I wish to make payment of \$_____ by cheque.
Payments by cheque, made payable to: **Centacare Catholic Family Services**

I wish to make payment of \$_____ by direct deposit.
BANK – Westpac BSB: 032 769 Account No: 147059

I wish to make payment of \$_____ person at Centacare Catholic Family Services.

I wish to make payment of \$_____ by Credit Card.
Cardholder's Name _____
Card Number _____
Expiry Date _____ **CCV** _____
Signature _____

Please forward all registrations and payment to:
Centacare Catholic Family Services:
201-203 Tarcutta Street
PO Box 473,
Wagga Wagga NSW 2650
Phone: 02 69 233888
Email: cryanchapple@centacarewagga.org.au