

# Gowrie Inservice Training Registration Form



Please fill in **one registration form for each course**. You may include more than one person's name on the same form.

Make cheques or money orders payable to:  
**Lady Gowrie Child Centre**

Mail your Registration Form **with payment** to:  
**Lady Gowrie Child Centre**  
**Inservice Training**  
**PO Box 6385**  
**Alexandria NSW 2015**

## Fees

Fees are quoted at the end of the Workshop Description and on the calendar listing (NB: All fees include GST)

**FOR INQUIRIES about Inservice Training**  
**Phone: 02 8345 7608**  
**or toll free: 1800 351 989**  
**Email: inservice@gowrie-sydney.com.au**

**FOR ADDITIONAL FORMS PLEASE PHOTOCOPY THIS REGISTRATION FORM**

## REGISTRATION FORM AND TAX INVOICE

LADY GOWRIE CHILD CENTRE, SYDNEY  
ABN:57 001 894 659

Mail this form and payment to:  
**Lady Gowrie Child Centre**  
**PO Box 6385, Alexandria NSW 2015**  
**Credit card registrations can be faxed to: 02 9313 7022**

Please fill in **one form for each course** you wish to attend.

First Name: ..... Surname: .....

First Name: ..... Surname: .....

First Name: ..... Surname: .....

First Name: ..... Surname: .....

Service Name: .....

Service Address: .....

Suburb: ..... Postcode: .....

Telephone: (W) ..... Fax: (W) .....

Email: .....

Service Type:  LDC  FDC  Preschool  OOSH  OCC  Other: .....

Workshop Title: .....

Workshop Location: ..... Workshop Date: .....

## PAYMENT DETAILS

**Cheques or money order:**

Enclosed is a cheque made payable to Lady Gowrie Child Centre for \$ ..... (includes GST)

**Credit Cards:**

Please debit my credit card: \$ .....  Mastercard  Bankcard  Visa

Card Number: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] Expiry [ ][ ] - [ ][ ]

Name on card: ..... Signature: .....