

Choose Life Services (CLS)



ASIST WORKSHOP REGISTRATION

NAME:	
ADDRESS:	
CONTACT DETAILS:	PHONE:
	MOBILE:
	E-MAIL:
DATE OF WORKSHOP:	
VENUE:	
HOW DID YOU HEAR ABOUT THE COURSE?	

PAYMENT DETAILS:	My cheque is enclosed	.
(PLEASE TICK APPLICABLE METHOD)	I will pay on arrival (Cash or cheque only – no EFTPOS available)	.
	Please invoice my employer (details below)	.
NAME AND ADDRESS OF ORGANISATION:		

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TASMANIA 7310

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