



“What about us?”

Challenging the Mental Health maze for Diverse Communities

EXPO REGISTRATION FORM

Wednesday 13 October 2010

Name of Organisation	
Postal Address	
Phone Number(s)	
Email	
Name of Participant A	
Any dietary requirements:	
Name of Participant B	
Any dietary requirements:	

❖ Registration includes entry for 2, Table & space for banner, Tea/Coffee and Lunch

METHOD OF PAYMENT

ADEC A.B.N. 32 390 500 229

- I hereby enclose a cheque payable to ADEC for the amount of **\$250**
- I hereby authorise you to deduct from my credit card the amount of

CREDIT CARD DETAILS

Card Type Visa Mastercard

Card Number / / /

Name on card _____

Expiry date _____ / _____

Date _____ Signature _____

Please post cheques with completed Registration form to:
Mental Health Week Forum, ADEC, 175 PLENTY ROAD, PRESTON 3072