



WA Aboriginal Sexual Health Forum

yarning our way

3 + 4 May 2017, Burswood on Swan Function Centre



Registration Form

WA Aboriginal Sexual Health Forum May 3 and 4 2017
Burswood on Swan Function Centre, Burswood WA

First Name: _____ Last Name: _____
Job Title: _____
Organisation: _____
Address: _____
Suburb/Town: _____ Post Code: _____
Phone: _____ Mobile: _____
Email: _____

Please tick one of the following registration options:

- I am registering as an attendee
- I am a Presenter (no cost)
- I am a member of the Forum Working Party (no cost)

Event Details: I would like to register for: (Please ✓ all boxes that apply)

- Day 1 only – Wednesday 3 May 2017 **\$60.00***
- Day 2 only – Thursday 4 May 2017 **\$60.00***
- Both Days **\$100.00***
- Network & Chill** - Wednesday 3 May **4.15pm - 6.00pm** (no additional cost)
(For catering purposes please ✓ if attending)

*There is no cost for Presenters or Working Party Members

Total amount payable: \$ _____ (GST free)

If the registered person is not paying, please enter the name of the person and organisation making payment:

Payment Method (please ✓):

- EFT (email katrina.duncan@shq.org.au for bank details)
- Cheque (please make payable to The Family Planning Association of WA Inc.)
- Credit card VISA / MASTERCARD (circle one)

Full name on card: _____

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

Signature: _____

Please turn page over and sign where indicated*

This Registration Form becomes a Tax Invoice upon payment.
ABN: 152 750 99 026 Please keep a copy for your records.



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Important Information

How would you like your name to appear on your name badge? _____

I identify as an Aboriginal or Torres Strait Islander person (please circle) Yes / No

I identify as (please circle) Male Female Other

Catering: Morning tea, lunch and afternoon tea will be provided.

Catering choices are limited. Please list below if you are vegetarian, diabetic or have any food allergies.

I am/have: _____

Privacy Statement

As the host organisation for the WA Aboriginal Sexual Health Network, SHQ holds responsibility for this documentation. SHQ respects your privacy. In line with the Privacy Act 1988, SHQ will store all personal information in a secure manner to be accessed by authorised staff only. Personal and sensitive information collected by SHQ is not shared with other organisations or government bodies except where there is a legislative requirement to do so. The above information is required for administrative purposes only.

Financial Assistance

If you require assistance for travel and/or accommodation, please contact Kat at katrina.duncan@shq.org.au or on 9227 6177 for an application form.

Refund Policy

Registration payments are non-refundable.

In the case of WA Aboriginal Sexual Health Network having to cancel the event, SHQ will provide a full refund.

*** I have read and agree with the above refund policy**

Signature

Date

Please send this completed and signed registration form with payment to:

Kat Duncan (Information Officer)

SHQ (Sexual Health Quarters)

PO Box 141, Northbridge, 6865

Email: katrina.duncan@shq.org.au

Fax: 08 9227 6871