

REGISTRATION FORM

Please register me for the following workshop:

WORKSHOP: _____

DATE: _____

NAME: _____

ADDRESS: _____

Phone: _____ Mobile: _____

Email: _____

PAYMENT: _____ (Please note that Early Bird payments
must be received 3 weeks prior to the
workshop)

Payment can be made via:

Direct Deposit

Account Name: Centre for Existential Practice

BSB: 062 220

Account No: 10150452

(and use your name as payment reference)

Or by Cheque to:

Centre for Existential Practice

PO Box 358

Paddington NSW 2021

PLEASE RETURN THE COMPLETED FORM TO:

Centre for Existential Practice, PO Box 358, Paddington, 2021

Or email to admin@cep.net.au