Fremantle Research and Education Association Inc.
ABN: 89 864 586 686

Our Mob Our Minds Our Spirits

Indigenous Mental Health Conference

Venue: Esplanade Hotel
Fremantle WA
23-25 November 2009

Please forward completed form to
Fax: (08) 9431 2688
PO Box 422, Mt Lawley WA 6929

Individual Registration Form

Please Print

Surname:	First Name:	
Address:		
		Post Code:
Phone:	Mobile:	Email:
Preferred Method Of Contact:		
Position:	Department:	
Organisation:		
Email address for the receipt/invoice:		

Cost:	**Please Tick**
Full Conference: $660 Including GST	
1 Day Conference: $440 Including GST	
Conference Dinner: Free	

A letter confirming acceptance will be forwarded prior to the conference.

PAYMENT OPTIONS –

Cheque: Please make cheques payable to
Fremantle Research and Education Association Inc.
PO Box 422, Mt Lawley WA 6929

Direct debit: Transaction Number _____
Please use delegate name as the reference.
Fremantle Research and Education Association Inc.
National Australia Bank BSB: 086-366 Account Number: 82 166 0815

Credit Card:

Debit my Bankcard ☐ Mastercard ☐ Visa ☐ for the AMOUNT $_____

Card No.																		**Expiry:**	/

Card Holder's Name:	
Signature:	**Date:**

Please remember to indicate your attendance at the Conference Dinner.