



The Asthma Foundation
of Western Australia Inc

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...Helping People Breathe Better...

Registration Form

Asthma Seminar for Health Professionals



2007 Dates: Thursday 6th September or Thursday 8th November
8.30am - 4.30pm
The Asthma Foundation of WA, 36 Ord St, West Perth
Resources and morning tea provided
\$99 per person

Please call Vanessa Seebeck (Project Support Officer) on 9289 3602 to reserve your place, then fill in the form below and fax to 9289 3601 or post to PO Box 864 WEST PERTH WA 6872.

Please register me for the Asthma Seminar in:(month)

Name:.....(Please print the name you want on your certificate)

Job Title:.....

Workplace:.....

Postal Address:.....Suburb:.....

Postcode:.....Phone: (wk).....(mob/hm).....

Email:.....

Where did you hear about the Seminar?.....

Do you have any special needs?.....

Payment options:

Please **invoice** myself/my workplace (please circle) for the(month) course.

I understand that my place will not be confirmed until payment is received; **OR**

I have **enclosed payment** of \$99: Cheque/ Money Order/ Credit Card (please circle).

Please debit my: Bank Card Master Card Visa Card

Cardholder's name:.....Expiry Date:.....

Signature:.....

If you have not received confirmation of your registration within 1 week, please call Vanessa on 9289 3602.

The primary purpose of collecting the personal information you supply on this form is to process your registration. We will also use these details to keep you informed of upcoming events and will not disclose your information to a third party without your written permission. For more details of the Asthma Foundation of WA Privacy Policy, visit our website: www.asthmawa.org.au or call us on 9289 3600.