



Wesley LifeForce

Educating, empowering and resourcing local Australian communities

Wesley LifeForce ABN 57 996 964 406

Wesley LifeForce suicide prevention training registration form / tax invoice

Date: _____ Time: _____ Cost: _____

Location: _____

Provided on the day: _____

Please complete this form in block letters

Invoice to: _____

Name: (Mr/Mrs/Ms/Miss/Prof/Dr) _____

Position: _____

Organisation: _____

Address: _____

Postcode: _____

Email: _____

Phone: (H) _____ (W) _____

Mobile: _____

Special requirements:

Please indicate if you have any dietary needs or require special assistance in order to fully participate in the workshop.

Are you happy to receive emails from us? Yes No

Please note:

- Workshops may not be suitable for those recently bereaved by suicide. Should you wish to discuss, please contact Wesley LifeForce on 1800 100 024.
- We recommend you confirm your registration and booking with Wesley LifeForce. We do not accept responsibility for lost or delayed forms.
- Please retain workshop information if returning registration form by post.
- Formal confirmation of your attendance will be sent one week prior to the scheduled date.
- Wesley LifeForce reserves the right to cancel the workshop one week prior to the scheduled date.
- The workshop/seminar is non-refundable. If you advise us 48 hours prior to the scheduled date registration is transferable.
- For information on group bookings please contact Wesley LifeForce on 1800 100 124.

Your cooperation is greatly appreciated.

Office use only: R E CS CF PP

Payment method:

Payment must accompany your registration form. Attendance cannot be confirmed until payment is received. All prices quoted include GST. Please indicate method of payment below.

Credit card

Card type: Visa MasterCard

Card number: _____

Expiry date: _____ / _____ 3 digit security number: _____

Cardholder signature: _____

Bank transfer

Commonwealth Bank of Australia

BSB: 062-021 Account Number: 00090024

Account Name: Wesley Mission

When making a deposit, please include the word LIFEFORCE and your surname as reference.

Please return completed registration form to:

MAIL: Wesley LifeForce
PO Box 576, ASHFIELD NSW 2131

PH: 1800 100 024

FAX: (02) 8922 9096

EMAIL: lifeforce@wesleymission.org.au

WEB: www.wesleylifeforce.org

For enquiries please call 1800 100 024