

Child and Youth Mental Health Service

1. **Community Seminar Series**

**Registration Form**

*Press Tab key to enter fields and type in your information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Seminar Title Attending:** | |  | | |
| **Date:** |  | | **Amount:** | **$80.00** |

|  |  |  |
| --- | --- | --- |
| **No: Person/s Attending:** |  |  |
| **Name/s:** |  | |
|  |  | |
|  |  | |
|  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation Name:** |  | | |
| **Address:** |  | | |
|  |  | **Postcode:** |  |
| **Phone:** |  | | |
| **Email:** |  | | |

|  |  |  |
| --- | --- | --- |
| **Dietary Restrictions**  **or**  **Special Requirements:** | **Name** | **Dietary Restrictions** |
|  |  |

Click to select

|  |  |
| --- | --- |
|  | **Self-funded – Please fill out details for invoice below:** |
|  | **Organisation to pay – Please fill out details for invoice below:** |

**PAYMENT DETAILS: (Organisation or Self-funded)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organisation Name:** | |  | | |  | **Self-funded Attendee Name:** | |  | | |
| **Address for Invoice:** | |  | | |  | **Address for Invoice:** | |  | | |
| **Suburb:** |  | | **Pcode:** |  |  | **Suburb:** |  | | **Pcode:** |  |
| **Phone:** | |  | | |  | **Phone:** | |  | | |
| **Email:** | |  | | |  | **Email:** | |  | | |

Payment can be paid once you have received your invoice from Eastern Health. *(Full payment details on your invoice)*

**Please note:**

**

SAVE FORM

COMPLETE

ATTACH VIA E-MAIL

**For registration, please complete this form and email to:** [**communityseminarCYMHS@easternhealth.org.au**](mailto:communityseminarCYMHS@easternhealth.org.au)

**Alternatively you can fax your registration details to** **03 9870 7973**

**If you have not received an email confirmation of your attendance at this event within three business days of submitting this form, please contact administration on above email address.**

**All prices and dates quoted are subject to change by CYMHS. Seminar fees are kept as low as possible. Enrolled participants will be notified of any changes to advertised programs when necessary. Participants are not entitled to a refund unless written cancellation has been received at least 24 hours prior to the event.**

**The department reserves the right to cancel any scheduled programs when necessary and course fees will be refunded if the course is cancelled.**

**to cancel any scheduled programs when necessary and course fees will be refunded if course is cancelled by the Team.**