

MARUMALI PROGRAM REGISTRATION FORM FOR 2016

Trauma-informed Care For Stolen Generations 2 day workshop for non-Aboriginal Service Providers (2 days)

DETAILS OF PERSON REGISTERING: (please complete all parts of the form)	DETAILS OF ORGANISATION TO BE INVOICED: (please complete all parts of the form)
Participant Name:	Organisation name:
Participant Position title and Organisation:	Postal address of organisation:
Postal address of organisation:	Contact person:
Telephone contact:	Telephone contact:
Email contact:	Email contact:
Email contact.	Email contact.
Trauma-informed Care For Stolen Generations	
2 day workshop for non-Aboriginal Service Providers –\$1488	Please note that once registration is made, fees are payable. Fee in NON-
Please select a workshop you are registering for either:	REFUNDABLE and is transferrable. If registration is transferred to another person, this must be used within a 12 month timeframe from initial registration. If
_	Winangali Marumali cancels the workshop a FULL REFUND will be provided. Participants travelling to the workshop are advised to book fully refundable and
MELBOURNE 18-19 February 2016	changeable airfares.
or	I understand and agree to these conditions:
ADELAIDE 21-22 March 2016	SIGN:
(Registration cost includes, all workshop resources, certificate of attendance, work book and full catering provided)	
Please post cheque/money order to (IMPORTANT: include participant name in	Or Electronic Funds Transfer (IMPORTANT: include participant
<u>ref):</u>	name in ref):
Winangali Marumali PO Box 14379 Mount Sheridan QId 4868	Winangali Marumali BSB: 014577
	Account No: 289230922
Completed registration form to be sent to: Winangali Marumali PO Box 14379 Mount Sheridan Qld 4868 or email to	
marumali1999@bigpond.com	