

BODYTHINK EDUCATOR TRAINING SEMINAR

# Booking Form



Please complete & return to The Butterfly Foundation  
PO Box 453 Malvern VIC 3144 or Fax 03 9822-5776

1. Please complete a Booking Form for EACH ATTENDEE
2. Please forward your booking form FIRST to secure your place even if you require an invoice to initiate payment
3. Confirmation of your place will be forwarded via email after your booking form has been processed.  
*You will be required to present this confirmation at registration.*
4. Refunds (less a \$10 admin fee) and transfers will only be issued if 3 days notice has been provided
5. When paying by cheque please provide the name of the attendee as well as the school/organisation
6. For all enquiries please contact Danni Watts on (03) 9822-5771 or [danni@thebutterflyfoundation.org.au](mailto:danni@thebutterflyfoundation.org.au)

**ATTENDEE DETAILS** *(please print clearly & complete ALL details)*

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

School/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone (BH): (    ) \_\_\_\_\_

Email: \_\_\_\_\_

**QUEENSLAND**

Registrations: 9.00-9.30am

Trainings Commence: 9.30am-1.00pm

Please tick  one box to choose your preferred session:

Friday 22nd August 2008 — Riverside Hotel, Montague Road, Sth Brisbane QLD

Payment Method:

Training Cost \$50.00

**Cheque:** Please make cheques payable to "The Butterfly Foundation"

**Credit Card:** Please tick  VISA  Mastercard

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please tick if you require an invoice to initiate payment

Please tick if you require a receipt