



EARLY CHILDHOOD INTERVENTION
AUSTRALIA (VICTORIAN CHAPTER)
AND
EARLY CHILDHOOD AUSTRALIA
VICTORIAN BRANCH



Tax Invoice/Registration Form

'Shyness and the development of anxiety'

Workshop Friday, 19th June 2009 9.30 – 3.30pm

Name: _____

Organisation: _____

Address: _____

Phone Number: _____ Email: _____

Name of person attending _____

Special Dietary Requirements _____

Cost per person :

- *Subsidised Fee: \$70 (incl GST) for Victorian Early Childhood Professionals*
- *Full Fee: \$120 (incl GST)*

Total amount due \$ _____

Payment Method: Visa Mastercard Cheque*

Credit Card no. _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Name on Card: _____ Signature: _____

Enclosed please find cheque for \$ _____ made payable to Early Childhood Intervention Association (Vic Chapter)

Please return Registration form with payment to:

Postal Address : c/- Cathy Archer
Centre for Community Child Health
The Royal Children's Hospital,
Flemington Road,
PARKVILLE VIC. 3052

If paying by credit card you can also forward via fax number (03) 9345 5892