

I would like to attend the seminar on **“Working with Clients with Complex Issues; Trauma Behind Comorbidity Chronicity and Difficult Cases”**. Please register my application to attend the following workshop.

INDICATE WHICH WORKSHOP YOU WISH TO ATTEND 20th November 2009**MELBOURNE VENUE:** Darebin Arts & Entertainment Centre, Cnr Bell St. & Georges Rd, Preston VIC 23rd November 2009**CANBERRA VENUE:** Australian National University, Haydon Allen Tank Lecture Theatre, Bldg 23, Acton ACT 25th November 2009**ADELAIDE VENUE:** Mercure Grosvenor Hotel Adelaide, 125 North Tce, Adelaide SA 20th November 2009**PERTH VENUE:** The Boulevard Centre, 99 The Boulevard, Floreat WA**TIME:** 9.30am - 4.30pm**FACILITATORS:** Robert Grant (*PhD*)**COST**

STUDENT RATE:	\$215 per person / per day
EARLY BIRD RATE:	\$235 per person / per day
STANDARD RATE:	\$255 per person / per day

To qualify for the Early Bird Rate you must register before 1st October 2009 respectively.

- *Groups of 5 + paid on 1 Cheque or Electronic Transfer must use one registration form per person.*
- *All prices include GST. All prices are per person per day.*
- *Payment is required to secure registration.*
- *Morning tea and lunch will be provided.*
- *Every participant will receive a handbook and list of resources.*
- *No refund will be given for cancelling less than 5 working days before each seminar.*
- *All courses are run subject to minimum numbers.*
- *Only cancellations in writing will be accepted.*

TO ENROLL

1. Select the course you wish to attend (tick boxes above);
2. Complete the registration details below.
3. Send this form with correct payment (cheque or money order) to **TATRA Corporate & Allied Health Training Services**
4. **Should you require an invoice in order to make your payment then please make sure that we have correct details of your Manager or Accounts Payable Dept. You will need to submit this registration form to TATRA in order for us to issue an invoice.**
5. Remittance notice **MUST** be forwarded to TATRA upon your EFT payment.

NAME: (BLOCK LETTERS) _____**ORGANIZATION:** _____**ADDRESS:** _____ **STATE:** _____ **POSTCODE:** _____**TEL:** _____ **FAX:** _____ **EMAIL:** _____**TAX INVOICE TO BE SENT TO:** (Include the correct details of your organisation's Account's Payable Dept.)

