

REGISTRATION FORM School of Children's Counselling 2008
Please Print and Post. You will be sent further details

Name _____

Phone _____

Address _____

_____ Postal Code _____

Church or organisation your represent: _____

Email _____

Melbourne **16-20 June (2008)** Applications close **12 June**

Sydney **12-16 May (2008)** Applications close **9 May**

Brisbane **28 April to 2 May (2008)** Applications close **24 April**

Payment (Please tick what applies and fill in the amount)

School of Children's Counseling (\$200) \$ _____

An Introduction to Counselling Monday only (\$65) \$ _____

Empowering Children Textbook (\$60) \$ _____

Kids in Crisis (\$60) \$ _____

Total \$ _____

Cheque Enclosed _____ Visa _____ Mastercard _____ Diners _____

Card Number _____

Expiry Date _____

Print this copy and post or fax to:

POST: Kidsreach, PO Box 265 North Richmond NSW 2754

EMAIL: scc@kidsreach.org.au

FAX: 02 45711789.

For all enquires, call 0414859020. If you would like a copy of the course outline, please email your request.