

# Pat Collins

Total Health & Education Centre

Keeping the Upper Hunter Healthy

## Pat Collins Workshops

### Registration Details

**Name:** \_\_\_\_\_

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

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Contact:** **Mobile:** \_\_\_\_\_ **Home:** \_\_\_\_\_

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

**Emergency Contact during Workshop:** **Name:** \_\_\_\_\_

**Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Registration is finalised and secured at receipt of payment, please indicate below which payment option you are using. Many Thanks*

**Cash**

**Credit Card**

**Card Number** \_\_\_\_\_

**Expiry** \_\_\_\_\_

**CCV** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Cheque** (*Made payable to Total Health & Education Centre*)

**Direct Deposit/Transfer**

**Name** *Total Health & Education Centre*

**Bank** *NAB*

**BSB** *082 741*

**Account** *98 811 2466*

Please provide your name as a reference when making direct deposit/transfer so we can identify your payment.