



MHACA

Mental Health Association of Central Australia  
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# Bereavement & Mental Illness Workshop Registration Form

## Tax Invoice (ABN 91 804 704 259)

*This registration will become a Tax Invoice/receipt on payment*

**Workshop:** Bereavement and Mental Illness Workshop, Alice Springs

### Training Venue

Where: Institute for Aboriginal Development, 3 South Terrace, The Gap NT

When: 13:15–16:30 Thurs 19May16 (Note: afternoon tea provided)

### Your Personal Details (one registration form per participant)

Surname: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

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

I identify as: *(Please tick relevant box/es)*

Male  Female  Intersex  Other: \_\_\_\_\_

Aboriginal / Torres Strait Islander  Non English Speaking Background  Other: \_\_\_\_\_

Age Group: 15-24 yrs  25-34 yrs  35-44 yrs  45-54 yrs  55+ yrs

### Payment Details *(Please tick relevant box)*

Costs: \$150 per participant

Payment has been direct deposited to MHACA BSB: 633 108 Account # 1196-89974

Bendigo Bank, Fountain Court, Bendigo Reference: *(use your surname and date of training as reference)*

or

A cheque or money order has been made payable to Mental Health Association of Central Australia and sent to PO Box 2326 Alice Springs NT 0871

**To register, complete this form and drop off (14 Lindsay Ave, Alice Springs), fax (08 8952 1574) or scan and email (training@mhaca.org.au)**