

REGISTRATION FORM

Please photocopy this flyer & retain for TAX INVOICE purposes
ABN 86395686513

Payment (cheque/money order) must be included with registration & made out to:
Robert Gray.

Name _____

Contact phone _____

Email: _____

Previous training: _____

Address: _____

_____ Postcode _____

I wish to apply for the following and have enclosed my payment of

\$ _____ (no GST required)

Intro. Day Weekend Date _____

One Year Course



CENTRE FOR EDUCATIONAL AND CLINICAL ART THERAPY

PLEASE RETURN FORM TO:

Robert P. Gray, CECAT Course Coordinator
48 Macwood Rd, Pacific Palms, NSW 2428
(02) 6550 9046 (a.h.), e-mail: robert.gray@arttherapycourses.com.au

Further information: www.arttherapycourses.com.au