

Workshop Name and Location:

Workshop Dates:

Facility Name:

Address:

Booking Contact:

Phone:

Email:

Workshop delegate name(s):	Dietary requirements (if any):
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>

Workshop Payment Options

Fees \$470 per person or \$405 for 3 or more

Total Amount Payable:

- Invoice** emailed to address above
- Direct Deposit**
 Account Name: Montessori Australia Foundation
 BSB: 062 155 Account Number: 1037 3075
 Please email or fax a remittance notification f depositing into this account so that we may confirm your payment.
- Cheque** payable to Montessori Australia Foundation (ABN 46104887309) and posted to Montessori Australia PO Box 82 Five Dock NSW 2046
- Credit Card (Visa/MasterCard)**
 Email a contact name and phone number to accounts@montessori.org.au to request payment by credit card over the phone

DETAILS & ONLINE BOOKINGS www.massa.org.au

OR SEND FORM TO events@massa.org.au or FAX 02 9986 2281