



MONTESSORI
AGEING SUPPORT SERVICES
Support and Learning for Life

WORKSHOP REGISTRATION FORM

Workshop Name and Location:

Workshop Dates:

Title: First Name: Surname:

Facility:

Position:

Work Address:

State: Postcode:

Phone Work: Home: Mobile:

Email:

Name(s) of person(s) wishing to attend: Special dietary requirements (if any):

1.

2.

3.

WORKSHOP PAYMENT OPTIONS

Invoice (sent to facility as above)

Register online at massa.org.au/events

By Cheque made to Montessori Australia

Total Amount Payable

Direct Deposit

Account: Montessori Australia Foundation Limited
BSB: 062155
Account number: 1037 3075

Please email or fax a remittance notification if depositing into this account so that we may confirm your payment.

Credit Card

Visa Card Mastercard

Cardholder's Name:

Card N°:

Exp Date: CCV:

Signature:

NOTE: Payment must be received for confirmation of registration.

PLEASE RETURN THIS REGISTRATION FORM TO

Montessori Ageing Support Services
PO Box 3053
West Hobart TAS 7000



Phone: 02 9986 2282
Fax: 02 9986 2281
Email: events@massa.org.au