



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](http://massa.org.au/events)

By Cheque made to Montessori Australia Foundation

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°:

Signature:

Exp Date:

**NOTE: Payment must be received for confirmation of registration.**

**PLEASE RETURN THIS REGISTRATION FORM TO**

Montessori Ageing Support Services  
PO Box 109  
Jamison ACT 2614



Phone: 0405 978 882  
Fax: 02 9986 2281  
Email: [events@massa.org.au](mailto:events@massa.org.au)