

AUSTRALIAN ASSOCIATION OF BUDDHIST COUNSELLORS AND PSYCHOTHERAPISTS

Symposium & Inaugural Meeting: Saturday, 30th September 2006
Dixon Room, N.S.W. State Library, Macquarie St., Sydney

Registration Form: Please mail to AABCAP, P.O Box 6203, Pymble NSW 2073 or fax to Metta Clinic (02) 9988 4926.

Full Name (incl. title)

Address:

.....

Ph (work.) Ph (home/mobile) ..:

E mail

- o **Privacy Act (2001)** If you **do not** wish to have your name, address and details to be included in the list of delegates please tick circle

Please tick appropriate registration type:

- o Registration for **conference and application for full foundation membership for 1 year-** \$180 (for members already in an incorporated helping profession)
- o Registration for **conference and application for affiliated membership for 1 year-** \$155 (for those who are not members of an incorporated helping profession but who wish to involve themselves in the activities of AABCAP)
- o **Application for full foundation membership** \$100 or **affiliated membership** \$75 for 1 year **only**
- o Registration for **conference only** \$130

Registration Fee includes morning tea, vegetarian lunch and afternoon tea.

For enquiries please call Dr. Eng-Kong Tan, 9488 7911 or Mr. Geoff Dawson, 9955 0110 or Ms Subhana Barzaghi 9888 7255 or write to aabcap@hotmail.com

Method of Payment :

- Crossed Cheque payable to AABCAP
- Date of Bank Transfer :.....
Account Name : Australian Association of Buddhist Counsellors & Psychotherapists
Commonwealth Bank of Australia - BSB : 062 229 Account No: 1009 0459
- Visa** **MasterCard** **Bankcard**

Card Details:

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Expiry Date:

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Name on Card:

Signature: **Date:**

Cancellation policy: If a cancellation is received prior to 15th September there will be a refund of 50% of the fees. After 15th September no refunds can be made, but substitute delegates will be accepted.