



**COMMUNICATION AND  
DUAL SENSORY IMPAIRMENT  
TRAINING MODULES  
24th—27th May 2010**



*Ending the isolation.*

**A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH PERSON ATTENDING THE TRAINING.**

Surname: ..... Title (Mr/Mrs/Ms/Miss/Dr/Other)

First Name: ..... (This will appear on your name badge)

Organisation: .....

Postal Address: .....

City/Town: ..... Province/State: ..... Country: .....

Post Code: ..... Daytime Contact: .....

Fax: ..... Email: .....

**I AM ATTENDING THE FOLLOWING TRAINING MODULES**

(Please tick one of the boxes)

**MODULE 1 ONLY**

24th - 25th May 2010

**Before  
30th March 2010  
(Early Bird)**

**\$395 AUD**

**After  
30th March 2010**

**\$450 AUD**

**MODULE 2 ONLY**

26th - 27th May 2010

**\$395 AUD**

**\$450 AUD**

**BOTH MODULES 1 & 2**

Two Modules 24th - 27th May 2010

**\$699 AUD**

**\$799 AUD**

**ACCESS REQUIREMENTS**

Please tick if you:

Require an Auslan interpreter

Any other specific requirements. Please specify.....

**PAYMENT**

**Total Registration Fee \$ .....AUD**

**Registration Fees, will be accepted in Australian funds, please tick the manner in which you are paying.**

Postal or bank money order (Australian residents only)

International Bank Draft

Direct Debit BANK: COMMONWEALTH BANK OF AUSTRALIA

BANK ADDRESS: 150 St George's Terrace, Perth WA 600

SWIFT CODE: CTBAAU2S

NAME OF A/C: SENSES FOUNDATION INC

BANK A/C: 066 000 0011 0637

**Make money orders and bank drafts payable to Senses Foundation (Inc.)**

Credit Card

Credit Card Type:  Visa  Mastercard  American Express  Diners Card

Card Number: ..... Expiry Date: ...../...../.....

Cardholder's Name: .....

Cardholder's signature: ..... Date: .....