



**Registration Form for
Seminars and Hands-On Workshops**

Seminar Name: _____

Seminar Location: _____

Seminar Date: _____

Seminar Fee (if any): _____

Name of Registrant(s): _____

Organisation: _____

Contact Telephone Number: _____

Contact Email Address: _____

Please fax this completed form to either:
Fax: (03) 8542 7899 for events being held in Victoria
Fax: (02) 8966 7899 for events elsewhere in Australia or in New Zealand.

For more information on any other LEAP events, please contact your local LEAP office via the contact details listed at www.leapaust.com.au