

Registration Form:  
Parenting the Child and Childing the Parent  
*Saturday, August 6, 2011*

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Mobile \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Saturday 10 am - 4.30 pm                      \$110

Total Amount enclosed or to charge on credit card: \$ \_\_\_\_\_

Method of Payment

- Cheque  
 Money Order  
 Visa                       MasterCard

Card Number

\_\_\_\_\_

Expiry \_\_\_\_/\_\_\_\_                      Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

PLEASE COMPLETE AND MAIL ALONG WITH PAYMENT TO:

The Chiron Centre,  
PO Box 407,  
KEW, Victoria 3101

Tel: (03) 8415-0315

[AstroSynthesis@bigpond.com](mailto:AstroSynthesis@bigpond.com)

[www.AstroSynthesis.com.au](http://www.AstroSynthesis.com.au)