

Registration Form:
The Absence of Presence
Saturday, March 5, 2011

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

www.AstroSynthesis.com.au