

REGISTRATION FORM
Astrology and the Authentic Self

Name: _____

Address: _____

_____ Post Code _____

Mobile _____ Phone _____

Email _____

I am registering for:

- Total Package
- Friday Lecture Only
- Saturday Only
- Sunday Only
- Saturday and Sunday

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

Method of Payment

- Cheque Money Order Visa MasterCard
Cheques payable to The Chiron Centre

Card Number

Expiry ____/____ Signature _____

Name on Card _____

PLEASE COMPLETE AND MAIL ALONG WITH PAYMENT TO:

The Chiron Centre,
PO Box 407,
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