



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

Seminar Name: _____

Seminar Location: _____

Seminar Date: _____

Seminar Time: _____

Name of Registrant(s): _____

Organisation: _____

Contact Telephone Number: _____

Contact Email Address: _____

Please fax this completed form to:
Fax: (03) 8542 7899 for events being held in Victoria
Or Email to: shelley.miners@leap.au.com

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