



PANIC ANXIETY DISORDER ASSOCIATION INC.

589 South Rd, Everard Park, SA, 5035
Ph: (08) 8297 7108 Fax: (08) 8297 7587
Email: pada@chariot.net.au

ABN: 39 239 390 403

PRINTABLE REGISTRATION FORM

Program Details:

Description of program (please tick): Weekend () 2-Day Weekday () Rural ()

Location: Adelaide () Other: _____

Commencement date: _____

I will be bringing a support person with me at no extra cost () (tick for yes)

Your Details:

Name: _____

Address: _____

Telephone No: _____

Payment Details:

Cost: \$115 \$85 Members \$85 Concession (inc. GST)

Card Type: Mastercard () Visa ()

Name as shown on card: _____(if different to registration details)

Expiry Date:(IMPORTANT: We require this to process payment)

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I authorise PADA Inc. to charge \$_____ to my credit card.

Signed: _____

I require a receipt: YES / NO

Or:
Enclose your cheque or money order made out to PADA Inc.

Post/Fax registration including payment to:

PADA Inc
589 South Rd
Everard Park SA 5035
Fax: (08) 8297 7587