



New Hope Internationals 2011
'International Training Seminar'
REGISTRATION FORM

Please complete and forward this form to New Hope International Ltd either by **mail** to 6 Manor Crescent, Goonellabah NSW 2480 Australia, **email** to newhope@aapt.net.au or **fax** to +61 2 6624 5740 along with your payment, prior to **December 11, 2010**

Name.....

Address.....

.....

.....**Country**.....

Email (*Print carefully*).....

Work Phone:..... **Mobile**:.....

Accommodation required Yes/No If Yes \$595 If No \$295

Dates required (conference dates 9 – 13 January 2011)

Arriving ____/____/____ **Departing** ____/____/____

Please note that any additional nights' accommodation apart from arriving Sunday 9/1 and departing on Thursday 13/1 will incur an additional cost of \$100 p/night p/person bed and breakfast.

Payment Options

Credit Card

Type of credit card - Visa / Mastercard (please circle)

Name on card.....Amount \$.....

Card Number ____/____/____/____

Expiry Date ____/____ CVV Number ____
 (Last three numbers on back of card)

Signature.....

Cheque: (Please attach to this Registration Form made out to New Hope International Ltd)

Direct Deposit:

Please deposit funds directly into New Hope Internationals Bank account, details shown below.

I have deposited \$ _____.00 into the New Hope Internationals bank account on ____/____/____

Account Name: **New Hope International Ltd**

Bank: **Commonwealth Bank Australia**

Branch: **Regents Park NSW**

BSB: **062 232**

Account Number: **1007 7565**

Refundable upon request prior to December 11, 2010 (less \$100)