



# Registration & Payment Form for Managing the risk of Anaphylaxis

*Developing anaphylaxis awareness through education, research & support*

PO Box 3182 Asquith NSW 2077

**Registration is \$25 per person (incl. GST)**

**Phone enquiries: 02 9482 5988**

[www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Light refreshments and workshop booklet provided

**email:** [coordinator@allergyfacts.org.au](mailto:coordinator@allergyfacts.org.au)

**Fax:** (02) 9482 4113

**DATE:** Saturday 1st May 2010

Number attending: .....

Name of those attending: .....

Payment from: Name: .....

Receipt purposes

Street name & no. .... Suburb: .....

State: ..... Postcode: .....

Contact phone: .....

Email: .....

*Please fax form to 02 9482 4113 or email to [coordinator@allergyfacts.org.au](mailto:coordinator@allergyfacts.org.au). If paying by cheque please mail to the address above.*

**Payment to Anaphylaxis Australia Inc may be made by:**

Cheque       Credit Card       Please tick which method

Payment Details	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Please debit my credit card	
Name on Card: _____	
_____ / _____ / _____ / _____	<input type="text"/> *CCV
<small>*Visa &amp; MasterCard: This number is printed on your cards in the signature area of the back of the card. (It is the last 3 digits AFTER the credit card number in the signature area of the card).</small>	
Expiry Date: ____ / ____	Total Amount: _____
Signature: _____	



Registered No Y2328723    ABN 70 693 242 620  
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