



REGISTRATION

Fax to : 08 8363 2225

Attn: Gail Dean

ASU SA + NT Branch



Workplace Health Safety and Welfare Conference 2010 Registration Form

Friday 19 February 2010 9.00 am to 4.00 pm

Given Name _____

Surname _____

Home Address _____

Suburb _____ Postcode _____

Home Telephone _____

Employer _____

Work Telephone _____ Mobile _____

Email _____

(please circle)

Do you require assistance with childcare? Yes No

Do you have a disability for which you will require assistance? Yes No

Please specify assistance required: _____

Do you have any dietary requirements? Yes No

Please specify : _____

Do you require assistance obtaining Trade Union Training Leave? Yes No

If yes, Name, Title and Address of person to whom leave letter should be addressed?

Return to: Gail Dean at Australian Services Union
PO Box 2217 Kent Town 5071; Fax: 8363 2225; Email: union@asu-sant.asn.au
or in person at ASU Office, 5-9 Rundle Street, KENT TOWN