

# Sophia Registration Form

Name: .....

Address: .....

..... Postcode: .....

Phone: .....(H) .....(W) .....(Mob)

Email: .....

Fee status: (please tick)

Full	[ ]	Concession	[ ]
Members Full	[ ]	Members Concession	[ ]

*Please submit registration as soon as possible and no later than one week before commencement of course.*

Course Code	Course Title	Amount Paid \$
Total Amount Enclosed		

*(A deposit of half the registration fee must be paid when registering.)*

Cheques are payable to Sophia OR please charge my credit card:

[ Visa ] [ MasterCard ]

Card No: ..... Expiry Date: .....

Name on card: .....

Signature: .....

*Please send registration form and payment to:*

Sophia, 225 Cross Road, Cumberland Park SA 5041  
 OR Facsimile: (08) 8297 0494 OR Email: info@sophia.org.au

*Please telephone (08) 8373 3781 and speak with a Sophia staff member if you need to negotiate regarding fees.*

Tax Invoice: ABN No: 82 464 856272