



ENROLMENT & PAYMENT AUTHORISATION

Click on the Attendee Name field and press TAB to move through the form

Attendee Name	
Attendee Email Address	
Attendee Contact Number (preferably mobile)	
Workshop to be booked	
Invoice to be made out to	
If you are not the attendee, please provide your email address. We will send a receipt to you	
Amount	

Payment

Please tick your method of payment: Credit Card Bank Deposit Cheque/money order

Bank Deposit:

Psychological Flexibility P/L
Commonwealth Bank
BSB Number: 063141 Account number 10325887
Please use your name as the reference so that we can trace your payment. Also, email/fax a remittance advice to us.

Cheque/money order:

If you are paying by cheque, payment needs to reach us at least 7 days prior to the workshop date.
Please make cheques payable to: PSYCHOLOGICAL FLEXIBILITY P/L.
Please note: we only accept cheques in *Australian* dollars.

Credit Card (Visa or Mastercard only):

Cardholder Name _____

Amount: \$ _____ Cardholder Signature: _____

Credit Card Number		
Expiry	CVV (3 digits on the back)	

Please email this form to: admin@actmindfully.com.au