



speld (sa) inc

SPECIFIC LEARNING DIFFICULTIES ASSOCIATION
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Sounds~Write Seminar

Seminar Ref.# _____ \$ _____

Cancellations will incur a 20% administration fee. No refund is provided for cancellations within 2 weeks of the seminar. All fees are GST inclusive.

Christian Name:		Surname:		
Address:				
Contact Phone:				
Email:				
School Sector	Dept for Education <input type="checkbox"/>	Catholic Education <input type="checkbox"/>		AIS SA <input type="checkbox"/>
Level	Jnr Primary <input type="checkbox"/>	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Tertiary <input type="checkbox"/>
Member level	Member <input type="checkbox"/>	Non Member <input type="checkbox"/>	SPELD-SA Tutor <input type="checkbox"/>	Full Time Student <input type="checkbox"/>
Participant	Parent <input type="checkbox"/>		Teacher <input type="checkbox"/>	Other <input type="checkbox"/>

ANY DIETARY REQUIREMENTS _____

On receipt of this registration form we will email you an invoice.
Alternatively pay by credit card by completing your information below:

Name on card			
Card number			
Expiry Date		CCV	
Signature			

To advance the education and general welfare of children and others who are disadvantaged by specific learning difficulties

