

TELECONFERENCE REGISTRATION FORM

Topic: *Timing of Early Intervention*
Presenters: *Associate Professor Ann Packman and Ms Stacey Sheedy*
Date & Time: *Tuesday, 2nd August 2011, (AEST) 6:00pm - 8:00pm*
Cost: *\$66.00 per person (including \$6.00 GST)*
Closing Date for Registration: *Friday 22nd July 2011*

Title: _____ First Name: _____ Surname: _____

Phone No (W): _____ (F): _____ Mobile: _____

Email Address: _____

Postal Address: _____

_____ Postcode: _____

Venue where you will be participating (please include suburb and state):

Teleconference Venue Chair: (please nominate one participant as the Chair for the site, for contact purposes):

Please note that a minimum of **two participants** at each site is required.

If you are unable to join another participant please contact the CPES Coordinator.

Please select your preferred format for the pre-reading material for the teleconference:

Email attachment Post

This document is a TAX INVOICE for GST when payment is made

Payment Details:

Please send a cheque or money order payable to "The University of Sydney" with the completed form to:

*Australian Stuttering Research Centre
The University of Sydney
PO Box 170, Lidcombe NSW 1825*

OR

Fax or post this completed form with your credit card payment to 02 9351 9392

Payment from your credit card- please circle

Visa

MasterCard

Bankcard

Diners Club

American Express

Exp. Date: /

Name on Credit Card:

Signature: _____ Date: _____