

# REGISTRATION FORM FOR OBSALIM® WORKSHOPS 2017

To reserve your place at a workshop, please fill in this form and return to [info@holygoatcheese.com.au](mailto:info@holygoatcheese.com.au) but **13 October 2017**.

I WILL BE ATTENDING:

North Victoria <input type="checkbox"/>	Gippsland (Fish Creek) <input type="checkbox"/>	Central Vic (Sutton Grange) <input type="checkbox"/>
Day 1: 25 Oct \$150 <input type="checkbox"/>	Day 1: 30 Oct \$150 <input type="checkbox"/>	Day 1: 2 Nov \$150 <input type="checkbox"/>
Day 1&2: 25 & 26 Oct \$250 <input type="checkbox"/>	Day 1&2: 30 & 31 Oct \$250 <input type="checkbox"/>	Day 1&2: 2&3 Nov \$250 <input type="checkbox"/>
I am interested in a farm visit <input type="checkbox"/>	I am interested in a farm visit <input type="checkbox"/>	I am interested in a farm visit <input type="checkbox"/>

I am interested in learning about Cows ☐ Goats ☐ Sheep ☐

## NAME(S) OF PARTICIPANTS ATTENDING:

(including each person if multiple attending from one business)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

BUSINESS (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: (H) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I WOULD PREFER TO BE CONTACTED BY: Phone ☐ Email ☐

PLEASE INDICATE WHICH LEARNING MATERIAL YOU REQUIRE:

OBSALIM® for cows <input type="checkbox"/>	(cards + booklet) - \$65 <input type="checkbox"/>	(cards only) - \$45 <input type="checkbox"/>	(booklet only) - \$25 <input type="checkbox"/>
OBSALIM® for Goats <input type="checkbox"/>	(cards + booklet) - \$65 <input type="checkbox"/>	(cards only) - \$45 <input type="checkbox"/>	(booklet only) - \$25 <input type="checkbox"/>
OBSALIM® for Sheep <input type="checkbox"/>	(cards + booklet) - \$65 <input type="checkbox"/>	(cards only) - \$45 <input type="checkbox"/>	(booklet only) - \$25 <input type="checkbox"/>

PLEASE INDICATE IF ANY PARTICIPANTS HAVE SPECIFIC DIETARY REQUIREMENTS:

\_\_\_\_\_

## PAYMENT:

I authorise the following amount to be charged to my credit card \$ \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ EXPIRY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OR PAY BY DIRECT DEPOSIT/EFT TO:  
(include your full name as description)

Sutton Grange Organic Farm  
BSB: 013-533 Account: 4836-54681