



REGISTRATION FORM ORANGE WELLNESS DAY

Integra Health Club 17 Ralston Drive, Orange
Sunday, 24 October 2010

Health and Wellness

Registration Details

Name:

Gender:

Female Male

Address:

Post Code:

Telephone:

Mobile:

E-mail Address:

Please specify any dietary requirements:

- Please indicate if you: Walk unaided (does this fluctuate - Yes / No)
 Walk with an aid Use a Wheelchair Scooter

Guest/Support Person's Details

Name:

Please specify any dietary requirements:

Emergency Contact No:

E-mail Address:



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Photo Consent: MS Australia - ACT/NSW/VIC

This form is to be completed in all instances where photographs, film footage, audio material, electronic images, correspondence and/or quotations are used in material using the MS Australia ACT/NSW/VIC name and/or logo. The person involved must sign the form.

I am pleased to authorise the use of photographs, correspondence or quotations for the promotion of MS Australia ACT/NSW/VIC.

Yes No Signed: _____ Date: _____

Payment Details

Upon payment this form becomes your tax invoice. Please keep for your records

Registration per person \$25 (to cover catering)

(inclusive of GST)

Cheque: Payable to Multiple Sclerosis Limited

Credit Card: Visa Bankcard MasterCard Total: \$ _____

Card Number: _____

Expiry Date: _____

Name on card: _____

Signature: _____

Note: **Places are limited. Child care facilities are not available.**
Please complete and return to:

Contact: **Sharon Valks**

Health Promotions Officer
MS Australia - ACT/NSW/VIC
PO Box 210, Lidcombe, NSW 1825

Phone: (02) **9646 0728**
or Fax to (02) **9643 1486**
By **Friday October 16 2010**