

SDN Beranga

Workshop Registration Form

Registration Details

Workshop: _____

Date of Workshop: _____

Name of Centre/Program: _____

- Early Childhood Centre SDN Centre/Program Other
 Satellite Centre Community of Learners Centre

Address: _____

Phone: _____

Email: _____

Contact Person: _____

How did you hear about this workshop?

- Email SDN Website Word of mouth
 SDN Facebook Other _____

Name of Staff Attending Workshop:

Name: _____ SDN Staff ID No. _____

Dietary Requirements: _____

Name: _____ SDN Staff ID No. _____

Dietary Requirements: _____

(Please complete additional registration form if registering more than two participants)

Payment Details

Payment is to be made by **direct deposit**

We will invoice you with our bank details for you to transfer payment after the scheduled workshop has occurred. *ANY CANCELLATIONS MADE WITHIN 24HRS OF A WORKSHOP ARE NON-REFUNDABLE.*

Please return this form to SDN Beranga via email (details below)