



## Registration Form

### AHMRC GAMBLING Information Sessions Location: Wellington

**03<sup>rd</sup> of October 2008**  
**(9:30 – 3:00 pm)**

Please complete one registration form for each staff member planning to attend the Information session/workshop and return by fax by **Wed 2<sup>n</sup> Oct 2008**.

#### Personal Details

Name:		
Position:		
Organisation:		
Postal Address:		
Town:	State:	Postcode:
Telephone:	Mobile:	
Fax:	Email:	
Male/Female:		

#### Catering

**Please note:** We will be providing morning tea, lunch and afternoon tea during the workshop.

Do you have any special dietary requirements? Yes/ No
Please give details:
Will you be attending the workshop the whole day? Yes/No

#### **Pre workshop Information - Gambling**

Please describe briefly what you know about Gambling and Aboriginal Communities?
What do you hope to learn from this workshop?

Would you like to share your contact details with the participants? Yes/No
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PLEASE COMPLETE REGISTRATION FORM AND FAX TO: **02 9212 7211**.

Please contact **SOFIA LEMA** on **02 9212 4777** or [slema@ahmrc.org.au](mailto:slema@ahmrc.org.au) for further information