



# WORKSHOP REGISTRATION

First Name..... Last Name.....

Address.....Postcode.....

Email.....@.....Phone.....

Date of Birth.....Occupation (former occupation if retired) .....

Have you ever been diagnosed with a mental disorder.NO.....YES..... (if yes, what is your diagnosis?).....

Interest in VE/ Assisted suicide.....

# WORKSHOP ATTENDANCE

- FREE for Exit Members
- \$110 inc gst (£65 UK)- Annual Exit Membership
- \$55 inc gst (£30 UK) - PP eHandbook Subscriber Discount Rate
- \$99 inc gst (£55 UK) - Day Membership (workshop only)

# WORKSHOP PAYMENT

- Mastercard
- Visa
- Cheque/ Money order (Aust meetings ONLY)
- Cash on the day

**TOTAL PAYABLE**

Credit Card No.....|.....|.....|.....Name on Card.....

Signature.....Expiry Date...../.....