

Victorian Autism Conference 2010

5th & 6th of August 2010 Rydges Hotel Bell City Preston

Conference DVD pack order form (each DVD pack contains all 4 streams)

Name: _____

Postal Address: _____

Suburb: _____ State: _____ Post Code _____

Phone: [_____] _____ (daytime contact)

Payment method: Cheque Money Order VISA MasterCard

Card Number: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

CVC Number _____ (The last three numbers on back of credit card)

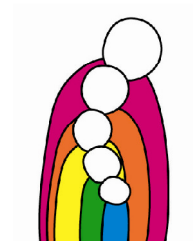
Name on card: _____ Signature: _____

Number of DVD packs required _____ x \$165 = \$ _____ plus \$5 postage. Total \$ _____

Tick if tax invoice required:

Phone: (03) 9657 1601 Fax: (03) 9639 4955 email: reception@autismvictoria.org.au

Post: Autism Victoria, PO Box 374, CARLTON SOUTH VIC 3053



“promoting positive practice across the spectrum”