



soil restoration farming

Event Registration Form: Dr Christine Jones, Moora WA

Name of Attendee: (i) _____ (ii) _____

Address: _____

Contact Number: _____

Email Address: _____

If more than 2 attendees, please attach details.

Farm description &/or reason for attending:

- Cropping Grazing Horticulture Viticulture Orchards Dairy

Please specify (optional): _____

Tuesday 7th & Wednesday 8th August 2018 Event (RSVP Friday 3rd August):

Single ticket	_____	at \$95pp	\$_____
Multiple tickets	_____	at \$70pp	\$_____
		<u>Total Amount Payable</u>	\$_____

Payment Method: Cheque* Direct Deposit** Credit Card

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

In Name Of: _____

* **Via Post – Make Cheques payable to:**
 NutriHealth International
 SRF PO Box 1610 Wodonga, VIC 3689
 * Via Fax – 02 6020 9602

****Direct Deposit:**
 NutriHealth International
 BSB: 640-000
 ACC: 111-232-287

For More Information:

Rachelle 0407 879 053 or Email soilrestorationfarming@gmail.com
www.soilrestorationfarming.com.au