



REGISTRATION FORM

METRO Conference 2015

2-4 March 2015

Personal Details

Name: _____

Address: _____

Email: _____

Phone: _____

Congregation: _____

Emergency Contact Person

Name: _____

Relationship to you: _____

Phone: _____

Dietary Requirements

- Gluten Free Lactose Intolerant
 Vegetarian Allergy, please specify _____
 Other, please specify _____

Medical Details

Do you have any drug/environmental allergies we need to be aware of?
 No Yes, please specify _____

Is there any other medical information that we need to be aware of?
 No Yes, please specify _____

Payment

Early bird registration \$130 (before 17/2/15) \$180 Regular registration

- I enclose a cheque for \$ _____ (payable to "Presbyterian Youth")
 Please debit the sum of \$ _____ from my Visa or Mastercard

Card Number: _____

Expiry Date: ____/____

Name on Card: _____

Signature: _____

Please return completed form to:

✉ PY, 2 Gannon Ave, Hurstville NSW 2220 or
email: admin@metro.edu.au