



Mental Health Week 2010



Event Registration Form

Be in it!!!!

Help us put your 2010 Mental Health Week Event on the Calendar of Events webpage!

Please complete ONE Event Registration Form per event, and ensure all information is correct.

COMPLETE and FAX this form back to: (08) 9420 7280 by FRIDAY 17 SEPTEMBER 2010

Event Contact Person:

Organisation:

Address:

Postcode: Website:

Telephone: Fax: Email:

TITLE OF EVENT:

DESCRIPTION of EVENT as you want it to appear on the calendar *Sell it to the public!*

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WHO IS THE EVENT TARGETED AT? (eg children, health professionals, general public etc)

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EVENT VENUE:

TIME of EVENT:

DATE of EVENT:

Cost/Entry Fee: \$_____ or Free Is the event open to anyone? Or by invite only?

Please tick if you want to let us know about your event, but *don't* want your event included in the Calendar of Events.

*** If you have a flier or invitation for the event to be included with your entry, email all to: reception@waamh.org.au (PDF version preferable).**

Please put **EVENT REGISTRATION** in the subject line of your email.

For more information contact:

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2 Delhi St, WEST PERTH WA 6005
Tel: 08 9420.7277 Fax: 08 9420 7280
reception@waamh.org.au