

Event Registration Form

Nicole Masters & Walter Jehne 2016 Tour

Company: _____ ABN: _____

Last Name: _____ First Name: _____

Address: _____

Town: _____ State: _____ Post Code: _____

Phone: _____ Email: _____

Farm description &/or reason for attending:

- Cropping
 Grazing
 Horticulture
 Viticulture
 Orchards
 Dairy

Please specify (optional):

March 2016 Events (RSVP Monday 14th March):

Thursday 17th at Boyup Brook _____ at \$50 (\$45pp for two or more) \$ _____

Monday 21st at York _____ at \$50 (\$45pp for two or more) \$ _____

Wednesday 23rd at Dandaragan _____ at \$50 (\$45pp for two or more) \$ _____

Total Amount Payable \$ _____

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
National Australia Bank (NAB)
BSB 083-971 A/c 53-568-6571

For More Information:

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