

**PROGRAM REGISTRATION FORM**

Aged care facilities wishing to participate in the *BOLDsparks - Lifelong Learning program* must return this completed form to **Cara MacLeod**, the Public Program Facilitator at least **three (3) weeks** prior to the workshop to confirm your booking.

**FACILITY INFORMATION**

Please PRINT clearly.

Facility Name

Address

Contact Person  Telephone

Email

**WORKSHOP**

Nominate which month and workshop you are booking. Please PRINT clearly.

Month  Workshop

**REGISTERED ATTENDEES**

Please PRINT clearly.


**NOTES**

**PLEASE RETURN COMPLETED FORM TO:**

**Cara MacLeod** Public Program Facilitator | e: [nrcg@ballina.nsw.gov.au](mailto:nrcg@ballina.nsw.gov.au) | p: 02 6681 0533