

Registration form

Please complete and return your registration form to:

Think Pink Think Choices, Choices Program

The Wesley Hospital, PO Box 499, Toowong QLD 4066 OR fax to 07 3232 6227

Party organiser's details

Name:.....

Company:.....

Postal address:.....

Phone:.....

Mobile:.....

Email:.....

Party details

Date of party:.....

Party venue:.....

Approximate number of guests:.....

Type/nature of party:.....

.....

Any special features of party:.....

.....

How did you hear about us?.....

Other comments:.....

.....

Office Use Only

Receipt number: Date pack sent: