



# Application Form for Parents and Carers Intensive Seminar on Literacy in AAC 2010

Please answer all questions below.

**Completed form is due by the 15<sup>th</sup> of November, 2009. No late applications will be accepted.**

## Your Details

Family Name:

First Name:

Address:

City/Suburb:

State:

Postcode:

Country:

Phone (Daytime):

Mobile:

Fax:

Email:

## Your Organisation Details (if appropriate)

Job Title:

Organisation:

Organisation Address:

City/Suburb:

State:



Postcode:

Country:

Phone (Daytime):

Mobile:

Fax:

Email:

## Application Questions

1. Are you a current AGOSCI member in 2009? YES / NO (please circle)
2. Please expand on your involvement with AGOSCI.
3. Is your child's teacher or speech pathologist also applying to attend this course?
4. Please list any other relevant courses or conferences that you have attended.
5. How will you share this information with others after the course?

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Please return the completed form in electronic format only on CD or via email to:

AGOSCI  
PO Box 4253  
Doncaster Heights VIC 3109



Or via email to:

[jane@spectronicsinoz.com](mailto:jane@spectronicsinoz.com)