

**Centre for Socio-Analysis**

ABN 49 109 435 403

**“Heart of Dreaming” Conference**

**16 – 20 september 2009**

**Application for Membership**

**Name:** ..... **Dr/Mr/Ms/etc**.....

**Address for Correspondence:** .....

.....

..... **Postcode** .....

**Contact Telephone:** (w)..... **Mobile:**.....

**Email:**.....

**Role and Organisation (if any)** .....

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**Dream Sharing Experience:** .....

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**Expectations of Program:**.....

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..... *PTO* .....

I have read this brochure and hereby apply for membership. I understand that this constitutes a contract between the Centre for Socio-Analysis and me and that my application authorises the Centre for Socio-Analysis to conduct this Program in the manner described in the brochure. I agree to the cancellation policy.

**Signature:**.....**Date:**.....

**Payment**

Payment may be made:

- through transfer to the Centre for Socio-Analysis Bank Account: : **Bendigo Bank: BSB 633000. Account Number: 122883523**
- or through a cheque payable to the Centre for Socio-Analysis

**Application Form**

Please return this application form together with a deposit cheque for \$400 or the fee \$1529, or notification of transfer to:

**David Patman  
Administrator  
Heart of Dreaming Conference  
Centre for Socio-Analysis  
BOX 1296  
Carlton  
Victoria 3053**