

# WellSpring Centre

## Art of Contemplative Practice Payment Form 2012 (Please print and return to Art of Contemplative Practice, WellSpring, PO Box 300, Ashburton VIC 3147, along with payment, as outlined below)

Name (as you would like it to appear on your nametag): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State \_\_\_\_\_ Postcode: \_\_\_\_\_

Enrolment through:  WellSpring  MCD University of Divinity

Special dietary requirements (if any):

\_\_\_\_\_  
\_\_\_\_\_

Physical limitations/other needs it would be helpful for us to be aware of (if any):

\_\_\_\_\_  
\_\_\_\_\_

### COSTS

Please tick	Item	Cost
	Course cost (for <u>all</u> participants not enrolled through MCD)	\$750
	Retreat (for <u>all</u> participants)	\$150
	Course notes (for <u>all</u> participants)	\$20
TOTAL PAYMENT DUE (please calculate):		\$

### PAYMENT OPTIONS (please select one)

*Unless otherwise arranged, payment is due in full prior to the beginning of the course, as per details outlined above. If you would prefer to individually negotiate an instalment payment plan, please contact Rosanne Arnott at [rosanne.arnott@wellspringcentre.org.au](mailto:rosanne.arnott@wellspringcentre.org.au) prior to the beginning of the course.*

**Secure online credit card authorisation** (go to [www.wellspringcentre.org.au](http://www.wellspringcentre.org.au) and then select 'Art of Contemplative Practice' under the **Programs** menu) – click button at bottom of page to authorise secure online credit card payment.

**Direct deposit to our bank account** (NB: If you choose this option, please ensure that you email Rosanne Arnott at [rosanne.arnott@wellspringcentre.org.au](mailto:rosanne.arnott@wellspringcentre.org.au) with remittance details when you make a payment.)

Bank: Commonwealth Bank  
BSB: 063-103  
AC: 10107763  
Name: WellSpring Centre Inc.

*Continued overleaf...*

**Cheque** (payable to WellSpring Centre Inc.) sent to:

Art of Contemplative Practice  
WellSpring Centre  
PO Box 300  
Ashburton VIC 3147

**Cash**

Amount: \$ \_\_\_\_\_ **[NB: Please do NOT send cash by mail]**

**Manual credit card authorisation** (as per details below)

Card type:  Visa  Mastercard

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

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**OFFICE USE ONLY: PAYMENT TALLY**

Date	Payment method	Date payment banked/ sent to treasurer	Amount	Balance due
	<input type="checkbox"/> Credit card (website) <input type="checkbox"/> Credit card (manual) <input type="checkbox"/> Direct deposit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
	<input type="checkbox"/> Credit card (website) <input type="checkbox"/> Credit card (manual) <input type="checkbox"/> Direct deposit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
	<input type="checkbox"/> Credit card (website) <input type="checkbox"/> Credit card (manual) <input type="checkbox"/> Direct deposit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
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