

'WORKING IT OUT'

A WEEKEND WORKSHOP FOR SUFFERERS OF ANXIETY

Presented by



BEV AISBETT
Counsellor & Author

Author of 'Living with IT', 'Taming the Black Dog' and other self help titles

- WHEN:** Saturday the 29th May and Sunday the 30th May 2010
WHERE: Phyllis Hore Room, (Kew Library)
Cnr Civic Drive & Cotham Road, Kew
TIME: 10am to 4pm (registration 9.30am on the first day)
COST: \$185.00 for non members
\$160 for ADAVIC Members
\$160 Early Bird Price (paid by the 1st April 2010)
Bring your own lunch - morning and afternoon tea provided.

This weekend seminar provides sufferers of anxiety with invaluable tools for effective management of anxiety based on the proven techniques which have assisted sufferers through Bev's powerful programs, books and presentations over the past decade.

IN THIS WORKSHOP YOU WILL LEARN:

- Why you came to be anxious and how to break this pattern
- How to view your anxiety from a healthier perspective
- How to manage and overcome your anxiety

ALSO AVAILABLE at completion of the workshop is the 'IT KIT' - a follow-on home study kit of five weekly sessions which provides revision of the workshop materials and ongoing comprehensive resources to enable deeper understanding, education and empowerment in the process of recovery.

Purchase of the IT KIT is optional. \$120

BOOKINGS/ENQUIRIES: ADAVIC 9853 8089
ONLINE BOOKINGS AVAILABLE at www.adavic.org.au

A minimum of 15 people are required for this program to go ahead.
MONIES NON REFUNDABLE

PAYMENT FORM

Anxiety Disorders Association of Victoria, Inc.
ABN 70 607 186 815

Yes, I would like to participate in the 'WORKING IT OUT' Weekend Program which is on Saturday the 29th and Sunday the 30th May 2010.

▶ **PLEASE TICK:**

I wish to pay the following amount:

- \$185.00 – Full amount**
- \$160.00 – Early Bird Price (if paid by the 1st April 2010)**
- \$160.00 – ADAVIC members**

and I understand that the surcharge fee is an extra **1.95% for credit card payment**

PLEASE FIND ENCLOSED MY:

Credit Card Details

Cheque / Money Order (Made out to *Anxiety Disorders Association of Victoria*)

Date:

CREDIT CARD DETAILS:

Name on Card: _____

Credit Card Type:

_____ Visa

_____ MasterCard

Credit Card No:

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CVV Number

(last three digits on the back of your credit card)

Expiry Date:

___ / ___

Amount:

\$188.60

OR

\$163.12

(please circle which payment you are

making)

[NOTE: All credit card payments attract a **1.95% surcharge fee** and this is added at the time of transaction]

Signature:

RETURN TO:



- Please return this Payment Form via email to adavic@adavic.org.au
- Or post to: **ADAVIC**, P.O. Box 625, Kew. Vic. 3101.

OFFICE USE ONLY:

Processed by:Date:

Web form