



WORKSHOPS 2025

WORKSHOP NAME:.....

NAME: _____

EMAIL: _____

ADDRESS: _____

PHONE: _____

DIETRY NEEDS _____

ACCOMMODATION REQUIRED: _____

YOUR REASON FOR DOING COURSE:

Please email application form

Effie Iliopoulos

Phone: 0403 353 114

Email: info@ancientwomenscollective.com

Please pay \$.....TO:Effie Iliopoulos

BSB: 633000 ACC: 128701786 (amount stated on website)