

# 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](mailto:info@ancientwomenscollective.com)**

**Please pay \$.....TO: Ancient Women's Collective**

**BSB: 062 611 ACC: 1068 6619 (amount stated on website)**