

## RESOURCE ORDER FORM

Please send completed form to [dtsc@alzheimers.org.au](mailto:dtsc@alzheimers.org.au) or fax back to 08 8338 3390.

In accordance with Alzheimer's Australia SA Inc Privacy Policy any details you supply will be secure and remain confidential.

Name				
Organisation				
Postal Address				
State		Postcode		
Contact Details	Phone (b/h)			
	Email			
Please add my details to the Alzheimer's Australia SA mailing list to receive notification of upcoming events and training (tick box for yes)				
Discipline: (Required for reporting to funding body)	<input type="checkbox"/>	Doctor/Specialist	<input type="checkbox"/>	Social Worker
	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Speech Pathologist
	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	Other, please Specify
	<input type="checkbox"/>	Physiotherapist		
	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>	Student: Postgraduate
			<input type="checkbox"/>	Student: Undergraduate
Please tick the resources required				
\$25.00 (inc GST) each or all 5 for \$100.00 (inc GST) including P&H in Australia				
<input type="checkbox"/>	Caring for Indigenous People with Dementia in Remote Areas			
<input type="checkbox"/>	Come Into My World			
<input type="checkbox"/>	Dementia Palliative Care			
<input type="checkbox"/>	General Dementia Knowledge Resource			
<input type="checkbox"/>	Visual Stories			
<b>PAYMENTS</b>				
ABN 36 236 331 877				
This becomes a tax invoice upon payment				
Payment Details: Cash \$ ..... Cheque (make payable to Alzheimer's Australia SA) \$ .....				
Credit Card \$ .....	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD
Name on Credit Card _____				
Signature _____				
Card Number ...../...../...../..... Expiry Date ...../.....				

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