



THE ART OF GOOD HEALTH AND WELLBEING

Mental Health and Resilience through the Arts
7th ANNUAL INTERNATIONAL ARTS AND HEALTH CONFERENCE
17 - 19 NOVEMBER 2015 ART GALLERY OF NSW, SYDNEY

AUSTRALIAN CENTRE FOR ARTS AND HEALTH

www.artsandhealth.org

REGISTRATION FORM

Please forward your completed form to: **Ozaccom+** |  PO Box 104, RBH Post Office QLD 4029

 ozaccom@ozaccom.com.au |  Toll Free within Australia: 1800 814 611 |  07 3854 1611 |  07 3854 1507

Section A: Attendee Details

Surname:	First Name:	Title:
Organisation:		
Mailing Address:		
City:	State:	Postcode:
Telephone (Work):	Mobile:	
Email:		
Special Requirements (Dietary Requirements etc.):		

Section B: Special Interest Areas

Please indicate the areas of special interest to you and include any additional information:-

<input type="checkbox"/> Aboriginal Health	<input type="checkbox"/> Creative Ageing	<input type="checkbox"/> Palliative Care
<input type="checkbox"/> Access Programs for People with Disabilities	<input type="checkbox"/> Galleries and Museums	<input type="checkbox"/> Performing Arts Centres
<input type="checkbox"/> Adults to Hospitals: Primary and Acute Care	<input type="checkbox"/> Health Professional Education	<input type="checkbox"/> Programs for Cancer Patients
<input type="checkbox"/> Aged Care Services	<input type="checkbox"/> Health Promotion	<input type="checkbox"/> Research and Evaluation
<input type="checkbox"/> Architecture and Environmental Design	<input type="checkbox"/> LGBTI	<input type="checkbox"/> Rural / Regional Projects
<input type="checkbox"/> Artist in Health Care Training	<input type="checkbox"/> Libraries	<input type="checkbox"/> Social Inclusion
<input type="checkbox"/> Community Cultural Development	<input type="checkbox"/> Local Government	<input type="checkbox"/> Spirituality
<input type="checkbox"/> Community Health Services	<input type="checkbox"/> Mental Health Programs and Services	<input type="checkbox"/> Workplace Wellbeing Programs
<input type="checkbox"/> Other _____		

Section C: Personal and/or Professional Areas of Practice in the Arts

Please indicate your personal and professional interests in the Arts:-

<input type="checkbox"/> Circus	<input type="checkbox"/> Digital / New Media	<input type="checkbox"/> Opera
<input type="checkbox"/> Comedy	<input type="checkbox"/> Education and Public Programs	<input type="checkbox"/> Original Prints
<input type="checkbox"/> Crafts	<input type="checkbox"/> Festivals	<input type="checkbox"/> Painting
<input type="checkbox"/> Creative Writing / Literary Events	<input type="checkbox"/> Film	<input type="checkbox"/> Photography
<input type="checkbox"/> Dance	<input type="checkbox"/> Heritage	<input type="checkbox"/> Sculpture
<input type="checkbox"/> Design	<input type="checkbox"/> Music	<input type="checkbox"/> Theatre
<input type="checkbox"/> Other _____		

