



**Expression of interest to participate in Seniors Day 2009.
Thursday 19 March 2009
Destination to be confirmed.**

ORGANISATION DETAILS:

Organisation Name:		
Postal Address:		
	Suburb	Postcode
Email Address:		
Contact Name:		
Contact Phone		Mobile:

EVENT CATEGORY

Health Messages	
Health Testing	
Nutrition Advice	
Financial Planning	
Independent Living	
Retirement Accommodation	
Retirement Lifestyle, with demonstrations of arts and crafts	
Information on organisations and associations etc.	
Entertainment	
Other	

PLEASE RETURN THIS FORM TO:

Council on the Ageing ACT
PO Box 5566
HUGHES ACT 2605

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Facsimile: (02) 6285 3422
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