



PURPLE DAY for EPILEPSY

26 March 2012

REGISTRATION FORM



YES! I am going purple on Purple Day! Here is what I'll be doing to show my support

*Please tick the activities you are planning to do. In some instances (marked with an *) a member of our Fundraising Team will contact you with further information*

<input type="checkbox"/> Wear purple and encourage others to do the same	<input type="checkbox"/> Display an Epilepsy Queensland collection tin at my place of work or school*
<input type="checkbox"/> Decorate my home, school, business or office in purple	<input type="checkbox"/> Encourage my local schools, shops and businesses to get involved and will advise Epilepsy Queensland accordingly of their agreement
<input type="checkbox"/> Host my own Purple Day activity and/or a mask-themed event at work, school or play!*	<input type="checkbox"/> Collect and/or make a tax deductible donation/s*
<input type="checkbox"/> Become a Purple Day Fundraising Hero and set up my own fundraising page	<input type="checkbox"/> I am happy to be contacted by the media regarding my Purple Day involvement
<input type="checkbox"/> Buy Purple Day merchandise as per order form	<input type="checkbox"/> I am happy for my event/name to be included on the relevant Purple Day websites
<input type="checkbox"/> Sell Purple Day merchandise on behalf of Epilepsy Queensland at a shopping centre, my place of work or school as per order form* (approval conditions apply)	<input type="checkbox"/> I would like to submit Purple Day photo/s of me/ work/school and give my permission they be used for promotional purposes
<input type="checkbox"/> Other (please specify): _____	
I wish to register as	
<input type="checkbox"/> Individual	<input type="checkbox"/> School/Child Care Centre (please send me a school registration form)
<input type="checkbox"/> Business/workplace	<input type="checkbox"/> Purple Pharmacy Participant
<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Retailer
<input type="checkbox"/> I have a connection with epilepsy (please specify) (optional) _____	
<input type="checkbox"/> I would like to know more about the services/programs Epilepsy Queensland provides—please ask a member of the Services Team to contact me	

Mr/Mrs/Ms/Dr First Name: _____ Surname: _____

Business/School Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Thank you for supporting Epilepsy Queensland and bringing epilepsy out of the shadows. Together we are breaking down the barriers, spreading awareness and helping people with epilepsy.

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