

Workshop registration and payment form

Name of Workshop: _____ Date: _____

Full name: _____

Address: _____

Email: _____

Tel/Mobile: _____

How did you find out about this workshop?

Name 3 exercises or body parts you would like to work on

1: _____

2: _____

3: _____

List any injuries, illnesses or surgeries that we need to be aware of

REGISTRATION FEE \$ _____

PAYMENT DETAILS

BY CREDIT CARD

VISA MASTERCARD

CREDIT CARD NUMBER

EXPIRY DATE

CCV

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

BY PHONE

Payment can be made over the phone. Please call Cherie Seeto on 0410 595 789 to arrange this.

BY DIRECT DEPOSIT

Direct deposit can be made to Cherie Seeto

BSB: 012 055

ACCOUNT: 451844608

1. Participants who wish to withdraw 2 weeks prior to the scheduled date will receive a full refund of money paid, minus a \$25 administration charge. You may transfer to another person at no cost.
2. No refund 1 week prior to scheduled date.
3. A full refund will be given if the workshop is cancelled.
4. A booking is confirmed with payment only.
5. Terms and conditions are subject to change.