

## REGISTRATION FORM

Course level and Date.....

Name .....

Address .....

.....Post Code.....

Phone (w) ..... (h) .....

Email .....

How did you hear about this course? Advert  Word of Mouth  Conference

I agree to photos of myself being taken at the course Yes  No

**Fees** Full \$390 .....

AFHT member \$340 .....

Concession \$250 .....

(copy of student card OR Commonwealth Health concession card to be attached to this form)

Repeater \$100 .....

Early Bird Discount .....

(Early Bird Discount of \$40 if paid in full 4 weeks prior to course)

**Total Due** .....

Credit Card Fee (2.5%) if applicable .....

non-refundable deposit-\$50 .....

**Balance Due** .....

Note: NO EARLY BIRD DISCOUNT FOR CONCESSION AND REPEATERS

*(Please note: the above information is the property of the Australian Foundation for Healing Touch Inc and may only to be used for network among attendees or by AFHT Inc and may not be forwarded, or used for any marketing according to AFHTI privacy policy)*

Please detach this form and post with payment to:

**Susan Ashton P.O.Box 296, Wauchope, NSW 2446**

**PAYMENT METHOD**     Cheque     Money Order

Credit Card(+2.5%)     Direct Debit

**CHEQUE / MONEY ORDER** payable to Susan Ashton

**DIRECT DEPOSIT** : BSB: 062618    A/C: 10066752    Name: Susan Ashton

**Add Your Surname as Reference**

\*\*Please send copy of deposit slip with registration form for receipt to be issued

**CREDIT CARD DETAILS (add 2.5%)**

Type of Card:     MasterCard     Visa     Bankcard

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_/\_\_\_    Payment Amount: \$\_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_