

Resource Therapy Training Registration Form

Name: _____

Address: _____

Post Code: _____ State: _____ Country _____

Phone/Mobile: _____ Profession _____

Email: _____

How did you find out about o? _____

Times: 09:00 – 5 pm (AEDT) Sydney Australia **Venue:** Online via Zoom

ATTENDING: **Clinical Training Program** ☐ YES

Dates: 11 & 12 February, 25 & 26 February , 10 & 11 March, 24 & 25 March, 7 & 8 April. Sunday/Mondays

Includes 6 two hour group supervision post workshop free and all RT books via PDF.

Investment: Early bird special **\$2997 Paid in full Dec 15** ☐ YES

(Payment Plan \$3150 prior dec 15) ☐ YES

Standard **\$3200 Dec 16** ☐ YES

Late **\$3500 January 15** ☐ YES

Signed:

Payment Methods:

Bank Transfer: ANZ

BSB No: **012281**

Account Number: **509 305173**

Name of Account: **P Thornton**

International Deposit:

ANZ Swift Code **ANZBAU3M**

Branch **ANZ Double Bay**

Address **28 Knox St,**

Post Code **2028 Sydney Australia**

Invoice me ☐ **YES**

Please Include your name with the payment and send a confirmation email of your payment to

Philipathornton@gmail.com

To pay by credit card please call me +61434559011

Payment plans available on request.



Resource Therapy Institute Australia

www.resourcetherapy.com.au