

Advanced Clinical / Train the Trainer Program Registration Form

Name: _____

Address: _____

Post Code: _____ State: _____ Country: _____

Phone/Mobile: _____ Profession: _____

Email: _____

Where did you find out about our course? _____

ATTENDING: Advanced Clinical/ Train the Trainer Program ☐ **YES**

Dates: Nov 25,26,27,28 & Dec 9

Investment: \$2495 Includes 10 hours post workshop supervision with Australian Psychology Board Approved Supervisor and Resource Therapy Trainer Manual. All access to training materials

ATTENDING:

\$2195 June 1 ☐ **YES** Group discount 3 people or more at **\$2050** ☐ **YES**

Combination Deal Both Clinical & Adv Clinical Paid in full **Dec 30th \$4750** ☐ **YES**

Includes: RT books and Trainers Manual and access to all training materials.

I have read and agree to the conditions which can be found here

<https://resourcetherapy.com.au/resource-therapy-foundation-training-online-philipa-thornton-sydney/resource-therapy-training-2015/>

Signed: _____ Date: _____

Payment Methods:

Bank Transfer: ANZ

BSB No: **01 22 81**

Account Number: **509 305 173**

Name of Account: **P Thornton**

International Deposit:

ANZ Swift Code **ANZBAU3M**

Branch **ANZ Double Bay**

Address **28 Knox St, Sydney Australia**

Post Code **2028**

Tax Invoice ☐ **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.

A warm thank you for joining us in the wonder of Resource Therapy, an amazing parts therapy – Philipa xox
