

Resource Therapy Training Registration Form

Name: _____

Address: _____

Post Code: _____ State: _____ Country _____

Phone/Mobile: _____ Profession _____

Qualifications: _____

Email: _____

Where did you find out about our course? _____

ATTENDING: **Bali Clinical Training Program** YES

Dates: Days 1-5 **June 24, 25, 26, 27, & 28.** Days 6-10 **July 1, 2, 3, 4, & 5**

Times: 09:00 – 5 pm **Venue:** Evitel Resort Ubud, Monkey Forest Road Bali

Includes 8 x two-hour online group supervision post workshop online free and all RT books via PDF.

Investment: Standard \$3200 1 May YES Late \$3500 1 June 2024 YES

Deal: Morning tea, and afternoon tea provided. Price includes Training PROGRAM only.

Participants are responsible for all other costs, including flights, accommodation, insurance, etc. Please sign to below to say you understand these conditions.

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





Resource Therapy Institute Australia

www.resourcetherapy.com.au

Notes