

Advanced Clinical / Train the Trainer Program Registration Form

Name: _____

Address: _____

Post Code: _____ State: _____ Country _____

Phone/Mobile: _____ Profession _____

Email: _____

Details of Clinical RT Training Dates - when/ where/ trainer etc.

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

Dates: October 1,2,3,4 Time 2.30 -9.30pm AEST & 11 Oct 3.30-9.30pm AEDT

Investment: \$2295 Includes 8 hours post workshop supervision with Australian Psychology Board Approved Supervisor and Resource Therapy Trainer Manual. All access to training materials

ATTENDING:

Super Early Bird \$1997 May 1 2024 **Early Bird \$2095** June 1 2024

Standard \$2195 June 2 - 2024 **Late \$2295** Sept 1 2024

YES Group discount 3 people or more at **\$2000 each** **YES**

Combination Deal Both Clinical & Adv Clinical Paid in Full \$ **YES N/A**

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-philipathorntonsydney/resource-therapy-training-2015/>

Signed: _____

Date _____



Resource Therapy Institute Australia

www.resourcetherapy.com.au

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**

Total _____ Paid.

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 and wanting to share the magic with others – Philipa xox
