

Resource Therapy Training Registration Form

| Name: | | |
|---|---|---|
| Address: | | |
| Post Code: | State: | Country |
| Phone/Mobile: | ne/Mobile: Profession | |
| Qualifications: | | |
| Email: | | |
| Where did you find out about | it our course? | |
| ATTENDING: Bali Clinic | al Hybrid Training | Program □ YES |
| Dates: Days 1 – 4 Online 9, | 10,23 & 24 February Tin | nes: 09:00 – 5 pm |
| Days 5,6 & 7 June 11,12 & | 13. Days 8,9,10 June 16 | ,17 &18, |
| Venue: Evitel Resort Ubud, | Monkey Forest Road Ba | ali |
| Includes 8 x two hour group | supervision post worksł | nop online free and all RT books via PDF. |
| Investment: \$3997 Recor Super Early bird Special \$35 | | - |
| Early bird Special \$3797 bes | <i>t discount</i> by March 1 202 [∠] | ¹ □ YES |
| _ | - | oup supervision and all 3 RT PDF Books. |
| Payment plans \$ 3997 ☐ YES | Minimum deposit \$1000 | |
| Deal: Morning afternoo | n tea and lunch provi | ded. |



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| 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 | |
| | PayId 0434559011 | |
| | 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 | |
| | | |



Notes