

Program Registration Form

Name: _____

Address: _____

Post Code: _____ State: _____ Country _____

Phone/Mobile: _____ Profession _____

Email: _____

How did you learn about our course? _____

ATTENDING: Foundation Program **YES**

Dates: February 9 & 10 2025

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

Investment: \$797 Standard *Early bird* **\$697 Special discount by January 19**

ATTENDING: Clinical Program - Full certification all 10 days **YES**

Dates: **February 9 & 10; 23 & 24**

March 9 & 10; 23 & 24 April 6 & 7

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

Investment: \$3697 Recordings available for 90 days viewing.

Super Early bird Special \$3197 *best discount* closed **YES**

Early bird Special \$3397 *best January 20* **YES**

Program includes 8 hours post workshop group supervision and all 3 RT PDF Books.



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

[https://resourcetherapy.com.au/resourcetherapy-foundation-training-online-philipa-](https://resourcetherapy.com.au/resourcetherapy-foundation-training-online-philipa-thorntonsydney/resource-therapy-training-2015/)

[thorntonsydney/resource-therapy-training-2015/](https://resourcetherapy.com.au/resourcetherapy-foundation-training-online-philipa-thorntonsydney/resource-therapy-training-2015/) Your registration will be complete once payment has been made.

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 parts therapy – Philipa xox