

Registration Form

Personal Details															
First Name:					Last Name:					Male <input type="checkbox"/> Female <input type="checkbox"/>					
Postal Address:							Town:								
State:				Postcode:				Telephone:							
Date of Birth:					I would prefer the college communicate with me via										
					Email <input type="checkbox"/>				Surface Mail <input type="checkbox"/>						
Email Address:															
Workshop Details															
Workshop Name								Workshop Date				Workshop Fee			
1												\$			
Payment															
Full payment of fees is required upon registration								Total Amount Due				\$			
I wish to pay by:							Direct deposit payments to:								
Direct deposit <input type="checkbox"/>							Account Name College of Natural Healing								
							BSB No. 032 814								
Credit card <input type="checkbox"/>							Account No. 455 211								
							Payment Ref <i>Your Name</i>								
I authorise deductions from my credit card in the sum of								\$							
Credit card number															
Expiry date				Card type				Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>				CCV			
Card holders name															
Card holders signature															

Please note classes running are dependent on participant numbers. Placements will be offered in order of receipt. Submission of an application does not guarantee a placement in a workshop.