

REGISTRATION FORM



Full Name: _____
(as you would like it to appear on CBT Certificate)

Address: _____

Suburb: _____

Postcode: _____

Mobile: _____

Email: _____

Emergency Contact: _____

Ph: _____

How did you hear about Core Body Therapy: _____

I would like to register for:

Level 1 - Fundamentals

Level 2 - Applied MFR

Level 3 - Jaw/Neck

Journey to Oneness

Advanced Pelvis

Commencing: _____

I am able to bring a massage table

Yes

No (Please tick)

I am paying: 50% Deposit

Full Payment

Payment type:

Direct Deposit

Cheque (made payable to "Infinite Horizons (NSW) Pty Ltd")

Credit Card

Cash

Credit Card Type: Visa / Mastercard / Bankcard

Name on Card: _____ Amount Paid: \$ _____

_____ Expiry ____ / ____ CCV# _____

Booking Conditions:

1. Registration can be made with a 50% deposit accompanied by a Registration Form.
2. Full Payment is due 14 days prior to commencement of training (except Annual Retreat)
3. Cancellation within less than 21 days results in your deposit being forfeited. If cancellation occurs within 3 days of commencement of training full payment is forfeited. Alternatively, your payment can be transferred to another training.
4. CBT reserves the right to cancel or postpone any training in which case all monies will be refunded in full.

I have read and agree to the above conditions:

Signature _____

Date _____

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