

REGISTRATION FORM

Soft Tissue Conference 2014

Sponsored by: Clinic 88 ABN: 50108098540

Date: 25th and 26th October 2014

Time: 9am – 5pm (Sat) and 9.30 – 3.15pm (Sun)

Venue: Rydges, 20 – 26 The Kingsway Cronulla, NSW 2230 Ph: (02) 9527 3100

Investment: \$395 early bird (before 1st September) \$420 late bird

Student: \$250 (must be student at time of registration). All prices include GST.

Registration to be paid in full by 17th October 2014

\$50 non refundable deposit to secure your seat

Treatment Tables: Attendees who can supply a treatment table will be given a \$15 discount (please specify on your registration form)

Reservation: Send Registration by email (below) or fax (02) 6251 9369

Enquiries: jimmybachilles@yahoo.com.au or admin@softtissuetherapy.com.au

Send registration to: Clinic 88, Kelkiah Apartments, 43/21 Wiseman St, Macquarie, ACT, 2614 Or Fax (02) 6251 9369

CEU points available AAMT, AMT, MA

Without a registration form we cannot guarantee a seat

To register contact James Barker on **(02) 6253 2388**, or email

jimmybachilles@yahoo.com.au

If paying by cheque please post the slip below with your cheque to: Clinic 88, Kelkiah apartments, 43/21 Wiseman St, Macquarie, ACT, 2614



Name: _____

Address: _____

State _____ Postcode: _____

Phone: (W) (_ _) _____ (H) (_ _) _____

(Mobile) _____ Email: _____

Payment by (Please Circle):

**MONEY ORDER INTERNET TRANSFER CHEQUE BANK CHEQUE CREDIT
CARD PAYMENT**

Visa / Master Card (please circle) Number: _____
_____ Expiry: ____ / ____

Name on Card: _____ Amount:

\$ _____ - ____ Signature: _____

Clinic 88 reserves the right to vary the information contained herein.

Internet Transfer Details:

Please indicate how you found out about the conference **WORD OF MOUTH
SOFT TISSUE THERAPY WEBSITE THROUGH WORKPLACE PREVIOUS DELEGATE**

Name: Clinic 88 **Account Number:** 0669 17807 **BSB:** 112 908 **Bank:** St George

Please place your name next to the payment details to verify your registration

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