



REGISTRATION FORM Thoracic Spine Workshop

Presented by: Brad Hiskins ABN 90 919 434 658
Date & Time: Saturday 12th of December 2009
Venue: TBA – will be South Side of Bridge
Investment: \$195 - No GST charge
Reservation: Send investment to Brad Hiskins, PO Box 3264 Belconnen 2617
Other: A receipt and certificate of attendance will be available on the day
Enquiries: Brad Hiskins on 0418 60 70 41, or email brad@clinic88.com.au

Please cut/tear off and post cheques to: **in8 Health** and post to:
PO Box 3264, Belconnen, 2617
Fax to Brad on: **02 6251 9369** or email to **brad@clinic88.com.au**

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Name: _____
Address: _____ State _____
Postcode: _____
Phone: (W) (_ _) _____ (H) (_ _) _____ (Mobile)

Email: _____

Payment by:

MONEY ORDER INTERNET TRANSFER CHEQUE BANK CHEQUE

Amount: \$ _____ - _____

Signature: _____

Internet transfer: St George Bank in8 Health BSB 112-908 ACC 128 301 558

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Number on card: _____ Expiry date: _____

Three digit security number: _____ Signature: _____

