



REGISTRATION FOR WORKSHOPS

AUSTRALASIAN ACADEMY OF WELLNESS THERAPIES

PERSONAL DATA (to be completed by applicant)

Participant's Surname: _____ Given Name: _____

Date of Birth: _____ Gender: Female / Male Title" (Ms, Mr, Mrs, etc) _____

Residential Address – No. & Street Name: _____

Town / City name: _____ Country / State: _____ Post Code: _____

Telephone (home): _____ Telephone (work): _____

Email address: _____ Mobile : _____

Nationality: _____ Languages spoken: _____

Note: All correspondence will be mailed to the residential address above unless otherwise requested. Please notify the school immediately if you change your address.

WORKSHOPS

COURSE CODE	COURSE TITLE	START DATE
.....
.....
.....
.....

CONDITIONS FOR REGISTRATION

1. A place will be reserved for you upon receipt of your registration by fax/ email / mail. Registration is confirmed upon payment.
2. No withdrawal or refund is allowed if request is made less than 21 days prior the course commencement. Transfer will only be considered on a case-by case basis.
3. An administrative charge of \$50.00 will be imposed for all approved refunds / withdrawal or transfer.
4. AAOWT has the right to cancel or re-schedule the class without prior notice. However, AAOWT will do its best to notify you once there is a change in class schedule.
5. You are required to bring a copy of the payment receipt and your ID with you at all time when attending the course. Failure to produce any of these documents when requested may result in you not being able to attend the class.
6. Applicants must ensure that the participants satisfy all pre-requisite for the course before applying for the course.

Signature

Name

Date

PAYMENT MODE

Payment By: Cash Cheque Money Order Bank Card Mastercard Visa

Card No.: - - -

Total Payment Amount : \$ _____ Expiry Date: _____ Signature: _____

For electronic fund transfer, please pay to : ANZ Bank, BSB: 016-002 Account No. 4946 84704 Account Name: Aust. Academy of Wellness Therapies