

Enrolment Form

For Certificate of Clinical Reflexology

Starting 4 & 5 March 2017

Please print this form and mail or email to us with either your deposit or full payment.

Name:			
Address:			
Phone:			
Email Address:			
Payment Options			
	Cost	Deposit	Balance Due
\square Full payment with early bird option	\$4,750	\$750	15 February 2017
☐ Non refundable deposit on enrolment Plus 6 payments of \$750.00	\$5,250	\$750	1 st of each Month April to Sept 2017.
All enrolments will receive a mailed confirmation let you be unable to attend. In the event of the cancella		-	
Credit Card - Please debit my: \square Mastercard \square Vis	sa (Deposit or fu	ll amount) \$	
Name on Card			
Card Number:	Expires:		
Card Verification no: (this code is the fin	al three digits pr	inted on the back	signature panel of the card)
Signed:		Date:	
Internet Transfer			
The Australian School of Reflexology BSB: 06 22 46			

Please make cheques payable to: The Australian School of Reflexology

Mail to: 15 Adams Avenue, Turramurra, NSW 2074

For Further Information or phone bookings call the Australian School of Reflexology (02) 9449 6161