

2017 Dry Needling Course registration form

Register for the next Dry Needling Course by entering your details below. Please use all block letters. Fax your competed form to 08 8212 8028 or email to linda@cityphysiotherapy.com.au Name Address _____ Post code _____ Phone W _____ Mob _____ H ____ Email address ONE CHARACTER PER SPACE PLEASE Course dates __/ _____/____ to _____/ _____/____ O Ves \bigcap No APA member Membership number PLEASE SELECT FROM THE FOLLOWING PAYMENT OPTIONS Payable by cheque to Linda Shacklock Direct electronic transfer to Bendigo Bank. BSB 633-000. Account No. 139954028 (Please email remittance advice on day of deposit to info@cityphysiotherapy.com.au) Credit card **CREDIT CARD DETAILS** Name on card Credit card type USA Diners \bigcirc AmEx Card number Three digit security code (back of card) Validity date Cost APA Members \$737.00 All pricing includes GST. 4th Year Physiotherapy Students \$737.00 Non APA Members \$810.70 I am attending this course as a refresher and wish to apply for 25% off my enrolment fee. _____/ Date _____/ _____/ _____/ Signed

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