



Seminar Enrolment Form

Please print in BLOCK letters

Title: _____ First Name: _____

Last Name: _____

Street Address: _____

Suburb: _____ State: _____ Post Code: _____

Telephone: (____) _____ Mobile: _____

Email: _____

Name of Course: _____

Date of Course(s): _____

Cost of Course: \$ _____

Payment Details:

Cash

Credit Card – Please complete details below

Cheque

Direct Deposit (BSB: 032 000 Acc# 437 700) Please include name on deposit.

Please debit the full amount from my:

Mastercard Visa American Express

Credit Card Number: _____ Expire Date: ____ / ____

Name on Card: _____

Signature: _____

Please note: All payments are non refundable unless the course is cancelled. In the event that the student cancels, the payment may be transferred to the next course held within twelve months of the date of receipt of the deposit.

Please fax, email or post your form to the above address. For further enquires, please contact Tap4Health on the above details or visit www.tap4health.com