



FACULTY TRAINING LEVEL 1 - October 20-29 2010

INTERNATIONAL COLLEGE OF PROFESSIONAL KINESIOLOGY PRACTICE

With Arthur Bablis, Ed Faust and Dr Bruce Dewe

Hosted by

ICPKP Australasia

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APPLICATION FOR ENROLMENT

Last name:	
First name:	
Address:	
City:	State:
Postcode:	Country:
Phone:	Mobile:
Email:	
Certificate name:	
Please use large block letters to print your name as you would like it to appear on your certificate.	

Code	Name of Course	✓	Fee	Office use only
ICPKPFAC1	Faculty 1 Instructor Workshop - full fee		\$Au2750.00	Date rec'd
ICPKPFAC1R	Faculty 1 Refresher fee for existing faculty		\$Au1375.00	Date rec'd
ICPKPFAC1D	Faculty 1 - non refundable deposit		\$Au 275.00	Receipt #
(Note: the amounts above are inclusive of GST. A minimum payment of \$275.00 is required as a deposit to secure your place. This deposit is non refundable unless workshop is cancelled. Course must be paid in full 7 days prior the commencement date). All credit card payments incur an additional 2.5% processing fee.				Amount \$

Check the Training Plan for details about this training.

Payment options:

Amount enclosed: Full payment Deposit Other: _____

Payment Type: Cheque Money Order Credit Card Cash EFT*

*Account details for Electronic Funds Transfer (EFT): Account name: **ICPKP Australasia**. BSB: 012-275. Account #: 527019568

Please debit the above total fee from my: Master Card VISA Amex

Card #:

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Expiry Date:

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 Full Name on card: _____

I agree to abide by the conditions of enrolment and authorise the above sum to be debited from my credit card. I am over 18 years old and I understand that all credit card payments incur an additional 2.5% processing fee.

Signed: _____ Date: _____

Please make cheques payable to ICPKP Australasia and post to above address.