

*Registration Form*  
**THE MINDFUL THERAPIST**  
*1 Day Professional Development Workshop*

**WORKSHOP LOCATION** \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

**REGISTRATION COST:**

Early bird: \$ \_\_\_\_\_ (to be paid prior to \_\_\_\_\_ )     Full Fee: \$ \_\_\_\_\_

**PAYMENT OPTIONS:**

**1. CARD PAYMENT**

Type of Card:    Visa    MasterCard

Name on Card:.....

Card Number:.....

CVV number (on back of card):.....

Expiry date:.....

Payment amount:    Early bird Fee    Full Fee

\*Please note that there is a small bank fee for card transactions

**2. OR PHONE PAYMENT**

Call Rosemary on 07 54943069 to make your card payment over the phone

**3. OR Direct Deposit :**

Rosemary Bower BSB: 704606 A/C 200049624

\*\* NB: it is essential that you reference your payment transfer with YOUR NAME thank you