

Registration Form

DREAM WORK - A GESTALT THERAPY APPROACH

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