



Presentation Enrolment Form

Presentation Name: Sacred Reflexology
Date: Friday 7th June 2018
Time: 10 am- 4.30 pm
Location: St Josephs by The Sea
16 Esplanade Williamstown 3016
Presenter: Lyn Fava 0412 353 385
Investment: \$200



Please complete enrolment form and send original and Cheque to ASRR P.O box 207, Werribee, VIC 3030 or email to info@asrr.com.au along with EFT payment conformation.

Name: _____

Address: _____

Phone: _____ **Mobile:** _____

Email: _____

Payment Method (please tick) EFT Cheque Cash

EFT Details:
Account Name: Perfect Harmony
BSB:033 689
ACC # 27 5776

Please reference your payment with your name.

**This presentation requires prior practical knowledge of reflexology.
The Delegates must have knowledge and practice in working on the reflexes of the feet.**

By completing this form, you are agreeing to our Cancellation Policy:
Cancellations received in writing 2 weeks prior to course commencement will be refunded less a \$55 administration fee.
Cancellations notified after this date will not be eligible for any refund unless in exceptional circumstances. If for any reason the workshop is cancelled by ASRR, any monies received will be refunded in full.

Office Use Only: Date rec'd _____	Paid <input type="checkbox"/>	Receipt <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Assigned to Course <input type="checkbox"/>
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