



NATIONALLY RECOGNISED TRAINING IN BOWEN THERAPY

EXPRESSION OF INTEREST

Please complete this form if you wish to attend (tick one and add date):

- Modules 1 & 2 Module 1 Module 2
- Modules 3 & 4 Module 3 Module 4
- Modules 5 & 6 Module 5 Module 6
- Module 7

NAME _____

POSTAL ADDRESS _____

TOWN/ SUBURB _____ POST CODE _____

PHONE _____ FAX _____

EMAIL _____

I can bring a massage table: Yes or No (please circle one)

I enclose (please tick):

- deposit of \$ 100.00 (the balance is due on Day 1 of course)
- full payment Module 1 alone: \$ 450.00 full payment Module 1 & 2: \$ 830.00
- full payment double Modules 3 to 7: \$ 760.00 full payment single Module 3 to 7: \$380.00

(Note: All Module fees include \$10.00 student insurance per module)
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Payment details:

- cheque / money order (*payable to Margaret Spicer*) - for \$.....
- Please charge to my credit card \$.....
 - Visa Mastercard

___/___/___ Exp: __/___

Name on card:.....

Signed:.....Date:.....

Postal address for return of this form: