## **Registration Form**

**BWRT®** Level 1 Training Cliftons Brisbane Level 3, 288 Edward Street Brisbane Qld 4000

25-26 October 2018 9am-4.30pm

Name:		
Address:		
Email:		
Phone:		
Business name for invoice (if o	different from above):	
The training is designed for the profe practitioner currently in practice.	essional therapist, psychotherapist, psychologist, counsellor or	r medical
Profession:		<u> </u>
	nent Options - <b>COST \$795.00</b> es morning tea, lunch and afternoon tea	
Direct deposit - BSB: 734-2	231 Account: 536286 Please use your surname as refere	nce
Credit / Debit – complete o	details below.	
Cardholder name:		
Cardholder signature:		
Card number:		
Expiry:	CCV:	
Cancellation policy: Notification of cancellation receive	ved in writing no less than 7 days prior to the training will	be refunded

Email registration form to: info@bwrttrainingaustralia.com

less \$50 administration fee. No refund for less than 7 days' notice of cancellation.