

**The Acupressure Centre**  
**PO Box 1068, Nairne SA 5252**  
**Tel: 0410 779 159**

**Course Registration Form**

**Today's date** \_\_\_\_\_

**Course Name** \_\_\_\_\_

**Course Location** \_\_\_\_\_

**Course Date** \_\_\_\_\_

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

**Postal address** \_\_\_\_\_

**Contact phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Professional Org.** \_\_\_\_\_

**Please say a little about your background, training and modalities practised.**

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\_\_\_\_\_

**What are you hoping to gain from this course?**

\_\_\_\_\_

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\_\_\_\_\_

Email this form to [john@acupressure.com.au](mailto:john@acupressure.com.au) or post to PO Box 1068, Nairne SA 5252

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Registration should be accompanied by a minimum \$100 deposit, by bank transfer or cheque.

John Kirkwood Commonwealth Bank  
BSB 065-522 Account 10262936

or post cheque to PO Box 1068, Nairne SA 5252

*Cancellation Policy: \$100 deposit is non-refundable; if cancelled more than 42 days prior to workshop, full refund minus \$100; if cancelled 7-41 days prior, credit for future workshops minus \$100; if cancelled less than 7 days prior, no refunds. If workshop is cancelled, all monies refunded.*