

# New Zealand Course Application - 2010

Please complete all the details below and fax the form to +61 3 9827 4944

1NZMW110/ 2NZMW110	16/17/18/19th April 2010	NELSON	\$620
1NZMW210/ 2NZMW210	04/05/06/07th June 2010	QUEENSTOWN	\$620
1NZMW310/ 2NZMW310	13/14/15/16th Aug 2010	TAUPO	\$620
1NZMW410/ 2NZMW410	19/20/21/22nd Nov 2010	WELLINGTON	\$620

\* To be paid in \$NZ

COURSE CODE

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE / COUNTY  P/CODE

COUNTRY

PHONE (BH)

PHONE (AH)/ MOBILE

FAX

EMAIL

AMOUNT

PAYMENT TYPE  CREDIT CARD  CHEQUE / All cheque payments are payable to: 'CLINICAL PILATES PTY LTD' (in Australian dollars only)

CARD TYPE  VISA  MASTER CARD

NAME ON CARD

CARD #     -     -

EXP DATE   /

SIGNATURE

Registrations will only be accepted on an official registration form. One per delegate is required. The personal information on this form will be held in the strictest confidence. It will be added to our database and will be used for information alerts re up coming courses.

Please x box if you do not want to be notified

**CANCELLATION POLICY WILL APPLY**  
Administration charges on cancellation