



WORKSHOP ENROLLMENT FORM

1. To protect your privacy and for your records, please fill out this form and save it to your desktop
2. Then email the completed form to [office@balancedlivingkinesiology.com.au](mailto:office@balancedlivingkinesiology.com.au) (subject: Booking)
  - or print the completed form and mail to: **Balanced Living, PO Box 146, Gembrook 3783**

Title	First name	Surname	Age	M/F
Home address		Suburb	Postcode	
Phone	Mobile	Email		
Emergency details:	Next of kin	Relationship		
	Contactable during the workshop on:		(Next of kin) Phone	(Next of kin) Mobile

In case of an emergency I hereby authorize Lilian and/or Jos Hasenbos to call an ambulance on my behalf and/or send me to the appropriate medical practitioner. I accept that I will be responsible for any costs incurred.

Signature: \_\_\_\_\_ (or by confirm by emailing this form when completed)

Workshop title	Date	Place	Workshop Fee
Early bird discount ( 3 weeks prior to workshop) deduct \$20 per workshop day -			
			Sub total
			Credit card 3% +
			Total:

Payment options (please tick your choice):

- Cheque:** Payable to Balanced Living
- Cash / Eftpos:** Contact Lilian or Jos to arrange for an appropriate time.
- Credit Card:** 3% surcharge applies (please contact Lilian or Jos to arrange for an appropriate time).
- Direct Deposit or Internet Banking:**
  - Bendigo Bank BSB 633 000 Acc No 11837 2275 (please advise teller to state your name as reference) and forward the receipt to Balanced Living for payment to be acknowledged. (via mail or email)

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