



# "INSPIRED DREAMING TOGETHER"



## 2ND AUSTRALASIAN CONFERENCE REGISTRATION FORM

### REGISTRANT DETAILS

Name: .....AFHT, HTNZ, HBB Membership No:.....

Address: .....

Post Code: .....

Phone: ..... Mobile: .....

Email: .....

I agree to have my details added to the participant list. Yes No

I agree to have my photo used in promotions. Yes No

Medical Dietary requirements: .....

### EARLY BIRD REGISTRATION AND FULL PAYMENT BEFORE 19TH AUGUST 2017

Member (AFHTI, HTNZ, HBB): \$400 .....

Non Member: \$450 .....

### AFTER 19TH AUGUST 2017

Member (AFHTI, HTNZ, HBB): \$450 .....

Non Member: \$500 .....

### REGISTRATION RECEIVED AFTER 20TH AUGUST 2017

Will incur an administration fee of 20% .

### NON DELEGATES EXTRA DINNER TICKETS

Friday: \$50 .....

Saturday Gala: \$50 .....

Total Due \$ .....

Deposit: \$100 .....

Balance \$ .....

### REGISTRATIONS CLOSE 1ST OCTOBER 2017

### PAYMENT DETAILS

#### DIRECT DEBIT: AFHT

BSB: 086 275 Account No.: 696880025 Your Surname: .....

Please send copy of deposit slip with registration form for receipt to be issued.

#### CREDIT CARD PAYMENTS

(ADD 2.5% fee please) American Express not accepted.

Credit Card No.: .....  VISA  Mastercard Exp Date : .....

Name on Card: .....

Card Holder Signature: ..... Payment Amount:\$.....

### REGISTRANT SIGNATURE

Your Signature: ..... Date: .....

Email your registration form to [conference@tnqhealingtouch.com.au](mailto:conference@tnqhealingtouch.com.au)

Or post it to '2017 Conference' C/- 15 Kawana St Caravonica 4878 Qld Australia