



"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

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