



ERA Registration Form

Level 1 Anthropometry Course



PLEASE ENSURE COMPLETION OF THIS FORM BY ACCEPTING THE TERMS AND CONDITIONS DETAILED WITHIN AND RETURN VIA FAX OR POST WITH FULL PAYMENT. CONFIRMATION OF YOUR REGISTRATION WILL OCCUR WITHIN 48 HOURS OF RECEIVING PAYMENT.

REGISTRATION DETAILS		
FULL NAME		
OCCUPATION		
HOME ADDRESS		POST CODE
PHONE	HOME ()	WORK ()
MOBILE		
EMAIL (PREFERRED)		
EMAIL (SECONDARY)		
ORGANISATION/UNIVERSITY		
COURSE		
STUDENT ID*		

*STUDENT ID CARD WILL BE REQUIRED ON DAY OF COURSE

COURSE DETAILS		
PLEASE SELECT THE COURSE YOU WOULD LIKE TO ATTEND		
COURSE 1	MONDAY 1 ST FEBRUARY- WEDNESDAY 3 RD FEBRUARY, 2010	<input type="checkbox"/>
COURSE 2	WEDNESDAY 7 TH APRIL- FRIDAY 9 TH APRIL, 2010	<input type="checkbox"/>
COURSE 3	MONDAY 12 TH JULY – WEDNESDAY 14 TH JULY, 2010	<input type="checkbox"/>
COURSE 4	MONDAY 20 TH SEPTEMBER- WEDNESDAY 22 ND SEPTEMBER, 2010	<input type="checkbox"/>
COURSE 5	FRIDAY 3 RD DECEMBER- SUNDAY 5 TH DECEMBER, 2010	<input type="checkbox"/>

REGISTRATION COSTS: INCLUDES COURSE NOTES, CERTIFICATE AND ISAK HANDBOOK

INDUSTRY PROFESSIONAL - \$550.00 (INCL. GST)

STUDENTS - \$450.00 (INCL. GST)

PAYMENT DETAILS			
PLEASE SELECT REGISTRATION TYPE		PLEASE SELECT YOUR PREFERRED MODE OF PAYMENT	
FULL REGISTRATION - \$550.00 (INCL. GST)	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>
STUDENTS - \$450.00 (INCL. GST)	<input type="checkbox"/>	CASH (MONEY ORDER)	<input type="checkbox"/>
		ELECTRONIC TRANSFER	<input type="checkbox"/>

CHEQUE/MONEY ORDER PAYABLE TO:

EXERCISE RESEARCH AUSTRALIA PTY LTD
 PO BOX 212
 FAIRFIELD, VIC 3078
 FAX (03) 9480 1855

ELECTRONIC TRANSFER:

ACCOUNT NAME: **EXERCISE RESEARCH AUSTRALIA**
 ACCOUNT #: 555 530 128
 BSB #: 083 004
 NOTE: PLEASE FORWARD PAYMENT CONFIRMATION IF
 PAYING VIA INTERNET BANKING.

For further enquiries please contact us on (+613) 9480 1800 or via email education@exerciseresearch.com.au

TERMS AND CONDITIONS

*Please acknowledge acceptance of the following Terms and Conditions **prior** to returning your registration.

I _____ (Registrant's Name) understand and accept the following terms and conditions:
 Payment is required in full at the time of registration. Cancellation of registration within 1-6 months of the course date will incur a \$100.00 non-refundable administration fee. Cancellation of registration within 2-4 weeks of the course date will result in 80% of the registration fee being forfeited. Cancellation of registration within 2 weeks of the course date will result in the full registration fee being forfeited.

Signed by:

Office Use: Confirmation Sent: Y Invoice No.: Date: Staff ID: