DRY NEEDLING AND WESTERN ACUPUNCTURE COURSE APPLICATION 2027
www.combinedhealth.com.au

Course Venue & Date:_____

For a confirmed place on your preferred Western Acupuncture and Dry Needling course please complete this form and return it via post or fax it to;

Combined Physio Pty Ltd,
PO Box 342,
Robina, 4226. Qld.
Fax: 0755 621540 Ph: 0755 787233
Email: info@combinedhealth.com.au

Name: _____

APA member no.:_____**Profession:**_____

Address: _____

_____ **Post Code:** _____

Phone: _____ **Fax:** _____

Mobile: _____

Individual email (non generic): _____

Credit Card details:

Visa / Mastercard (please circle)

Card number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____ **CVV:** _____

Name on card: _____

Signature: _____

Amount: _____ **$730 (inc. GST) 1 month prior to course**
_____ **$795 (inc. GST) after 1 month prior to course**

If you do not wish to pay by credit card we will accept a cheque or money order made out to Combined Physio Pty Ltd.

☐ **I have read and understood the terms and conditions of registration listed on the Combined Health website.**

Date:_____

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