

**DRY NEEDLING AND WESTERN ACUPUNCTURE
COURSE APPLICATION 2019
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: _____

Email address: _____

Credit Card details:

Visa / Mastercard (please circle)

Card number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Name on card: _____

Signature: _____

Amount: _____ \$660 (inc. GST) 1 month prior to course
_____ \$710 (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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