

**DRY NEEDLING AND WESTERN ACUPUNCTURE  
COURSE APPLICATION 2022  
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:** \_\_\_\_\_ / \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ \$715 (inc. GST) 1 month prior to course  
\_\_\_\_\_ \$770 (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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