

Cancer Healing and Wellbeing- 12 week program Registration Form

PROGRAMS - COST PER PERSON	Participant	Participant - Concession	Support Person
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**EARLY BIRD SPECIAL OFFER:** Ends 3 weeks before the commencement of each Program

12 weeks Cancer Healing and Wellbeing Program	\$490	\$445	\$310
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**FULL COSTS:**

12 weeks Cancer Healing and Wellbeing Program	\$530	\$485	\$350
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Please circle your choice, Program Dates:

**CANCELLATION POLICY:** No refunds are given after commencement of the second week of the program. Cancellations received prior to program commencement or in the first week of the program will incur a Non-Refundable fee of \$40 per person. **TRANSFER POLICY:** Prior to program commencement, a Non-Refundable administration fee of \$10 per person. Transfers prior to commencement of the second week of the program will incur a Non-Refundable Fee of \$40 per person.

***PERSONAL INFORMATION***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

 Please check if you would like to receive our newsletter

Date of Birth: \_\_\_\_\_

Mobile: \_\_\_\_\_

Tel (H): \_\_\_\_\_

(W): \_\_\_\_\_

***Support person (if attending) or person to contact in case of emergency***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

 Please check if you would like to receive our newsletter

Mobile: \_\_\_\_\_

Tel (H): \_\_\_\_\_

(W): \_\_\_\_\_

## ***Payment:***

Please charge the sum of \$

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To my Credit Card:    Mastercard     Visa

Card No:     /     /     /

Name on Card:

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Expiry date:   /

or please make your Cheque or Money Order payable to Sabina Rabold

**Privacy Policy:** The Service Providers acknowledge and respect the privacy of individuals. Information is collected for the purposes of processing your application, booking or enquiry. The provision of the information is voluntary, but if not supplied, the provider may be unable to process your application, booking or enquiry. You have the right of access to, and alteration of, information concerning yourself in accordance with the Act. Please direct any enquiries you may have to the relevant Service Provider.

Please send the completed form to:

Sabina Rabold  
Suite 2  
35 Humestreet  
Crows Nest NSW 2065