



Program Registration Form

Attendee Details

First Name:		Last Name:	
Organisation:			
Address:			
Suburb:		State:	Postcode:
Contact Phone Number:			
Email Address:			

2011 Program Details (Please tick your chosen program)

	Sydney	Melbourne	Brisbane
Fee-For-Service for Practitioners			
Standard Program (\$3,495)	<input type="checkbox"/> Aug 26, Sep 2, 9	<input type="checkbox"/> Oct 25, Nov 1, 8	
Intensive Program (\$3,695)	<input type="checkbox"/> Aug 4-5 <input type="checkbox"/> Oct 3-4	<input type="checkbox"/> Sep 15-16 <input type="checkbox"/> Nov 10-11	<input type="checkbox"/> Oct 20-21
Self-Paced Program (\$2,195)	<input type="checkbox"/> Self-Paced Program		
Fee-For-Service for Practice Managers (\$4,995)	<input type="checkbox"/> Jun 6-7 <input type="checkbox"/> Oct 10-11		
Successfully Selling Fee-For-Service (\$495)	<input type="checkbox"/> Jul 22 <input type="checkbox"/> Sep 2 <input type="checkbox"/> Oct 14 <input type="checkbox"/> Nov 25	<input type="checkbox"/> Jun 3 <input type="checkbox"/> Aug 5 <input type="checkbox"/> Nov 4	<input type="checkbox"/> Aug 18 <input type="checkbox"/> Sep 30

Billing Details

<input type="checkbox"/> Please send me an invoice	<input type="checkbox"/> I wish to pay by credit card (Please complete details below)		
Type of Credit Card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Card Number	/	/	Expiry Date
Amount			
Name of Cardholder			
Signature		Date	/ /

Send, fax, or email your order form to:

Mail	E&W Strategic Partners Pty Ltd, Level 20, Tower A, The Zenith, 821 Pacific Hwy, Chatswood NSW 2067		
Fax	(02) 9419 5878	Email	info@ewspartners.com.au