



AUSTRALIAN SCHOOL OF REFLEXOLOGY AND RELAXATION

Workshop Enrolment Form

Course Name: _____

Date: _____ Full Price of Course : _____

* * * * *

Your Name: _____

Address: _____

Phone _____ Mobile _____

Email _____

Payment Method (please tick)

Cheque Money Order/ Bank Cheque Credit Card

If paying by credit card: VISA Mastercard Bankcard

Amount to be debited \$ _____

Name on credit card _____

Credit Card Number _____ CCV# _____

Expiry Date on Card _____ Signature _____

Please complete enrolment form and send to ASRR

Office Use Only: Date rec'd _____	Paid <input type="checkbox"/>	Receipt <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Assigned to Course <input type="checkbox"/>
--------------------------------------	-------------------------------	----------------------------------	---------------------------------------	---