

Certificate in Kundalini Massage

Enrolment Form

Given Name: _____ Family Name: _____

Postal Address: _____

Telephone: _____ Fax: _____ Cell/Mobile: _____

Country of Origin: _____ Date of Birth: / /

Sex: _____ Email: _____

Emergency Contact: Name: _____ Phone: _____

Please Note: Concession Rate is for individuals over 45 years old.

		Full	Early Bird	Duration	Concession (over 45)
Certificate in Kundalini Massage	0	\$1200	\$1100	2 Days	\$1000

Do you plan to Work For Yourself 0 no 0 yes If so, location: _____

Have You Had and Prior Massage Training? 0 Yes 0 No

If So, Please provide Details:

Do You have a massage table to bring to training? 0 Yes 0 No

If no. An additional charge of \$30 per day for massage table hire applies.

Do You Have a partner to bring with you to training? 0 Yes 0 No

Required if doing sessions above certificate 6.

If not, would you be ok with us allocating a partner for you? 0 Yes 0 No

Do you have any allergies or other health problems?

Any special requests during your training?

Payment:

For Cash Payments, please call Melbourne Centre 03 98242261 and arrange a time to make payment.

Enclosed is my Cheque / postal order

NB. Please make all monies payable to International Institute for Natural Therapists .

Please allow 7 days for processing cheques. Payment must be clear prior to course commencement.

* I enclose Payment of \$_____

Enclosed is my credit card payment

Type of Card: _____

Name on Card: _____

Card Number: _____

PLEASE NOTE: 48 hours notice is required for cancellations.

Please Print and Send to : National Institute of Tantra.

Postal address: Suite 4/ 230 Toorak Road, South Yarra, Vic 3141 Tel: 03 9824 226

Please Email: info@tantramassage.com.au if you would like to arrange a payment Plan.