

SPECIAL TWO DAY SEMINAR

5-6 JUNE 2010

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"Wellness is a lifelong process of assuming personal responsibility that empowers the individual to exercise choice, make informed decisions and take action towards a more balanced, dynamically sustainable and fulfilling existence in all dimensions of life"

Registration Form Whole Body Adjusting—Adelaide with Dr Mark Charrette DC, USA

Saturday : 2pm—5 pm

Sunday: 9am—5pm

All registrations will be confirmed in writing (post).

If you do not receive confirmation, please call 08 8336 7562 to ensure your registration has been received.

One Form per Registrant

First Name : _____ Surname: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Venue: Hotel Grand Chancellor Adelaide on Hindley, 65 Hindley Street Adelaide SA 5000

Registration: please tick one of the appropriate registration boxes listed below.

Please arrive at 1.15pm on Saturday 5th for sign-in and 8.30am on Sunday 6th for sign in.

Registration fees include GST. Lunch, Morning & Afternoon teas included in cost of seminar.

CPD approval requested (As a guide last year seminar was given :2.75 Category A and 6.5 Category B rating)

CAA Member:	EARLYBIRD	AFTER 14/5/09
Practitioner .	<input type="checkbox"/> 445	<input type="checkbox"/> 495
Concessional	<input type="checkbox"/> 295	<input type="checkbox"/> 345
Student	<input type="checkbox"/> 195	<input type="checkbox"/> 210
Non CAA Member		
Practitioner	<input type="checkbox"/> 545	<input type="checkbox"/> 645
Concessional	<input type="checkbox"/> 365	<input type="checkbox"/> 465
Student	<input type="checkbox"/> 195	<input type="checkbox"/> 210

**PLEASE TICK THE BOX BELOW
IF YOU HAVE AN ADJUSTING
TABLE THAT YOU CAN BRING
WITH YOU TO THE EVENT.
THANKYOU.**

Yes I can bring an adjusting table with me to the event

Payment Amount: \$ _____

- Cheque : Payable to CAA (SA) Ltd
- Direct deposit to Westpac BSB 035 080 A/c 114226 (ref: CAA Member number or full name)

Date Deposit made: ____ / ____ / 2010 , Reference : _____

Credit card [] Visa or [] Mastercard Card No: / / /, Exp: /

Name as it appears on card:..... Amount: \$.....

Signature:.....