

North Shore and Northern Beaches Meeting - 17 April 2019

Registration Form

Name _____

Address _____

Email _____

Contact number _____

AMT membership number _____

Registration fees

AMT member	Non-member
\$10.00	\$15.00

Payment information

EFT PAYMENT DETAILS

Commonwealth Bank

Account: Association of Massage Therapists Ltd

BSB: 062-212

Account Number: 1034-0221

Payment Reference: **You must include your name in the transaction description**

Or register online with a credit card:

[HERE](#)

CANCELLATION POLICY

- Cancellation up to 4 weeks prior – less \$20 administration fee
- Cancellation less than 4 weeks but more than 2 weeks – less 15%
- Cancellation less than 2 weeks but more than 1 week – less 25%
- Cancellation less than 1 week – less 50%
- No refund will be given after the event

Please return to:

info@amt.org.au

or

**PO Box 826
Broadway NSW 2007**



PO Box 826
Broadway NSW 2007

T: 02 9211 2441

F: 02 9211 2281

www.amt.org.au

info@amt.org.au

ABN 32 001 859 285

Established 1966