# North Shore and Northern Beaches Meeting - 20 February 2019
# Registration Form

Please find enclosed:

☐ $10.00 AMT Members

☐ $15.00 Non-AMT Member

**Payment Options:**

☐ EFT (see payment details below)

☐ Cheque or Money Order (see payment details below)

AMT Membership number: _____

First name: _____ Surname: _____

Address: _____

_____ Phone number: _____

Email: _____

## PLEASE NOTE AMT DOES NOT ACCEPT THIRD PARTY PAYMENTS

**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**

**CHEQUE/MONEY ORDER PAYMENT DETAILS**

Made out to AMT and Posted to:

AMT
PO Box 826
Broadway NSW 2007

**CANCELLATION POLICY**

- Cancellation up to 4 weeks prior – less $30 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 mail to

AMT Ltd
PO Box 826
Broadway NSW 2007

amt
association of
massage therapists
*in good hands*

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