## MLD Workshop Registration form

Name				
Company name				
Address				
Email Contact number				
AMT membership number				
Please indicate whether you can	bring a massage	e table Yes	No	
Registration fees				
<b>J</b>				
	Earlybird (b	efore May 1)	After	May 1
	Non-member	AMT member	Non-member	AMT member
25-26 MAY				
Manual Lymphatic Drainage	\$480.00	\$420.00	\$530.00	\$470.00
TOTAL WORKSHOP FEE				\$
Payment inform:	ation			
Payment information				
Please debit my Visa/Mastercard (for banking purposes circle correct one)				
Cardholder's Name:				
Cardholder's Signature:				
Card Number:				
Expiry Date: / Card Verification Number  (3 digit number on back of card)				
PLEASE NOTE AMT DOES NOT AC	CEPT THIRD PAI		er on back of card)	
EFT PAYMENT DETAILS  Commonwealth Bank  Account: Association of Massage Therapists Ltd  BSB: 062-212  Account Number: 1034-0221			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

## CANCELLATION POLICY

transaction description

• Cancellation up to 4 weeks prior – less \$20 administration fee

Payment Reference: You must include your name in the

- 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