

## **2012** SCHEDULED PROFESSIONALS' COURSES

Course Registration Form							
Breathing Retraining 24 <sup>th</sup> & 25 <sup>th</sup> March			\$1,40	00 Denti	Dentist/Practitioner PLUS 1 staff		
Breathing Retraining 28 <sup>th</sup> & 29 <sup>th</sup> July			\$50	Per a	Per additional staff members		
Breathing Retraining 24 <sup>th</sup> & 25 <sup>th</sup> November *S				*Separate forms required if attendees splitting payment*			
PRACTICE DETAILS							
PRACTICE NAME							
Address							
Main Contact							
PHONE	MOBILE						
EMAIL							
PAYMENT DETAILS							
Course Fees	\$1,400 \$1,900			\$2,400 \$2,900			
	1 & 2 attendees	3 x attendees		4 x attendees		5 x attendees	
Метнор	■ Visa ■	MasterCard		Cheque		Direct Deposit	
CARD NUMBER					EXPIRY		
Name On Card							
SIGNATURE	DATE						
DEPOSIT & PAYMENT	A \$200 deposit will be debited on receipt of registration to secure the booking.  This is non refundable for cancellations within 14 days of course commencement.  The remaining balance will be processed <b>2 weeks prior</b> to the registered course dates.						
CHEQUE	Please make cheques payable to "John Flutter Dental Pty Ltd"						
DIRECT DEPOSIT	A/C John Flutter Dental P/L BSB 034-010 A/C 23119					REF Your Practice	
ATTENDEE 1 DETAILS (DENTIST/ PRACTITIONER) Cost \$1,400							
TITLE	☐ Dr	Mr	l l	Virs	■ Ms	Miss	
FULL NAME							
Address							
MOBILE	EMAIL						
Position Held							
DIETARY	Full cream milk	Trim milk		Skim milk		Soy milk	
REQUIREMENTS	Gluten free	Whole meal		☐ Multi grain		■ Vegetarian	
FOOD ALLERGIES	Seafood	☐ Nuts		Egg		Dairy	
OTHER/ SPECIFY							

## 2012 SCHEDULED PROFESSIONALS' COURSES - ADDITIONAL ATTENDEES COST \$0 / INCLUSIVE ATTENDEE 2 DETAILS (DENTIST/ PRACTITIONER) Dr Mrs Mr Ms Miss TITLE **FULL NAME ADDRESS EMAIL** MOBILE **POSITION HELD** Full cream milk Trim milk Skim milk Soy milk **DIETARY** Gluten free Whole meal Multi grain Vegetarian REQUIREMENTS **FOOD ALLERGIES** Seafood Nuts Egg Dairy OTHER/ SPECIFY ATTENDEE 3 DETAILS (DENTIST/ PRACTITIONER) **Cost \$500** Mrs Ms Mr Miss TITLE Dr **FULL NAME ADDRESS MOBILE EMAIL POSITION HELD** Full cream milk Skim milk Soy milk Trim milk **DIETARY** REQUIREMENTS Gluten free Whole meal Multi grain Vegetarian **FOOD ALLERGIES** Seafood Nuts Egg Dairy OTHER/ SPECIFY ATTENDEE 4 DETAILS (DENTIST/ PRACTITIONER) **Cost \$500** Mrs Ms TITLE Mr Miss **FULL NAME ADDRESS MOBILE EMAIL POSITION HELD** Skim milk Soy milk **DIETARY** Full cream milk Trim milk Gluten free Whole meal Multi grain Vegetarian REQUIREMENTS Seafood **FOOD ALLERGIES** Nuts Egg Dairy OTHER/ SPECIFY Course Coordinator: Amy Chadjinicolis Email: enquiries@jfdental.com **RETURN** Fax: 3852 3777 Post: 117 Warry Street, Fortitude Valley QLD 4006 REGISTRATION