



## REGISTRATION FORM

*This becomes a valid tax invoice when payment has been received by  
Dizziness & Balance Disorders Centre Pty Ltd ABN 34 062 472 351*

### **Foundations of Vestibular Rehabilitation: An Integrated Approach for Positive Functional Outcomes**

**Five-day full-time course from 21 to 25 October (incl) 2011**

**Closing date: 30 June 2011**

**NAME**

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**FACILITY** (hospital, private practice, community organisation etc)

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**STREET ADDRESS**

(Business & Private)

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**State**\_\_\_\_\_ **Post code**\_\_\_\_\_

**Phone** (Business)\_\_\_\_\_ **Mobile**\_\_\_\_\_

**Fax** (Business)\_\_\_\_\_

**Email** (Business & Private)\_\_\_\_\_

**PAYMENT by Credit Card (Circle)    Visa    Mastercard**

**Name on Card.....Expiry Date...../.....**

**Number...../...../...../...../**

**Security No..... (last three digits located on back of your Credit card)**

**Signature.....**

**TERMS & CONDITIONS**

**Online registration is the simplest way to secure a place.**

**Telephone or faxed bookings will not be accepted. Advice concerning remaining places on the course does not guarantee a place in the course, as that information is subject to change.**

**Enrolments will not be accepted without payment. It is the participants' responsibility to ensure they have current physiotherapy registration in South Australia.**

**Course places are allocated according to the date the application form and payment are received by the Dizziness & Balance Disorders Centre Pty Ltd.**

**It is strongly recommended that all course participants hold current personal professional liability insurance, because the course includes practical components.**

**It is the responsibility of participants to ensure they meet the course prerequisites.**

**Cancellations must be in writing and will be subject to a cancellation fee of \$250.00 (incl. GST). No refunds will be issued if cancelled after 30 June 2011.**

**The Dizziness & Balance Disorders Centre reserves the right to cancel the course and will not be responsible for any charges incurred by the registrant due to cancellation.**

**A full course tuition refund will be issued if the Dizziness & Balance Disorders Centre cancels the course.**

**The Dizziness & Balance Disorders Centre will not be responsible for any participants' expenses other than the course tuition refund for course cancellations due to conditions beyond its control, such as weather, acts of God, war, riots, illness, industrial action etc.**

**I accept and agree to the terms and conditions and have provided true and correct information.**

Signature\_\_\_\_\_ Date\_\_\_\_\_

Print Name\_\_\_\_\_