



REGISTRATION FORM

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

Five days full-time from 3 to 7 March (incl) 2010

Closing date: Friday 18 December 2009

NAME _____

FACILITY (hospital, private practice, community organisation etc)

ADDRESS (Business/Correspondence)

State _____ **Post code** _____

Phone(Business) _____ **Fax**(Business) _____

Email(Business) _____

PAYMENT may be made by Cheque or Credit Card.

Please make **cheques payable to Dizziness & Balance Disorders Centre Pty Ltd** and mail to PO Box 400 North Adelaide, South Australia 5006.

Credit Card Details (Circle) Visa Mastercard Bankcard

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

Number...../...../...../...../

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

Signature.....

Address on Card

.....**Postcode**.....

Cancellations must be in writing. No refunds will be issued if cancelled after 18 December 2009.

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 participant expenses other than a 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 declare that I have read and understand the conditions.

Signature _____ Date _____

Print Name _____