

"Infant Massage ... Communicating Love through Touch"

Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

A short note explaining your interest in this workshop:

Professional background:

Please enroll me for the workshop in:

Contact: Kellie Thomas Ph: 0412 195 349 enhancedability@yahoo.com.au

Adelaide 27th & 28th March, 24th and 25th of April

Fees:

- Deposit \$100 to secure your place (non refundable)
- Early Bird \$895 (required 6 weeks prior to the workshop, includes free gifts (see practitioner workshop webpage for details))
- Full Payment \$895 (required 2 weeks prior to workshop)

Payment method:

Cheque or Money Order should be made payable to **Kellie Thomas**.

Send to:

Kellie Thomas
P.O. Box 139,
Truro SA, 5356

Please contact Kellie Thomas if you wish to pay by electronic transfer.

I understand that the class may be cancelled due to insufficient enrollment.
If that occurs I understand that my registration fee will be refunded in full.

I cannot attend, but am interested in future training **YES**

For more information please contact: Kellie Thomas

TEL: 0412 195 349

P.O. BOX 139 Truro SA 5356

email: enhancedability@yahoo.com.au