



*In uniqueness there is no comparison and no competition*

## THERAPEUTIC EXERCISE FOR TRAINERS

### **WORKSHOP REGISTRATION FORM**

Name and Surname: \_\_\_\_\_

Contact Tel no: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount paid: R999 Payment before 22 October 2010, please fax proof of payment with this registration form

R1199 Payment after 22 October 2010, please fax proof of payment with this registration form

#### **Payment details:**

Paid by: Internet transfer:  Credit card:  Cash Deposit:

Please DO NOT EMAIL YOUR CREDIT CARD DETAILS we will contact you if you choose to pay by credit card.

If you are paying by cash or internet transfer then please send proof of payment as well.

**Bank Details:** International College of Kinesis (Pty) Ltd. ABSA Cheque account no: 405 462 3913.

Branch code: 632 005

Email proof and registration for to [admin@collegeofkinesis.com](mailto:admin@collegeofkinesis.com) or

Fax proof and registration form to 086 648 0102

Book now space is limited !!!!!.

**Venue:** Movement Therapy Centre, 6 Pongola Avenue, Sandown Estate , SANDTON