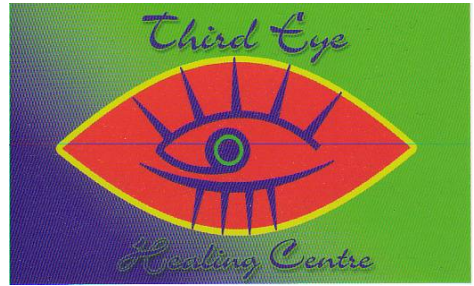


*Third Eye Healing Centre
The Church
74 Ernest St
Margate Q 4019
Ph: 3883-3882
Mob 0402-789-079*



REGISTRATION FORM

Please Print Your Name The Way You Would Like It To Appear On Your Certificate

Name:

Address:

.....Postcode.....

Phone: (Home).....(Mobile).....

E-Mail:

Course Name:Date.....

Payment Details: (Please Circle) Cash Cheque Credit

Deposit: \$..... Balance to Pay: \$.....

Credit Card: Visa BankCard MasterCard

Card No:Expiry Date:.....

Name on Card:.....

Signature.....

All Deposits are Non-Refundable