

**DRY NEEDLING AND WESTERN ACUPUNCTURE
COURSE APPLICATION**

Course Venue & Date: _____

For a confirmed place on your preferred Western Acupuncture and Dry Needling course please complete this form and return it via post or fax it to;

**Combined Health Pty Ltd,
PO Box 342,
Robina, 4226. Qld.**

Fax: 0755 983052 Ph: 0755 983511

First Name: _____

Surname: _____

APA member no.: _____ **Profession:** _____

Address: _____

_____ **Post Code:** _____

Phone: _____ **Fax:** _____

Mobile: _____

Email address: _____

Credit Card details:

Visa / Mastercard (please circle)

Card number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

Name on card: _____

Signature: _____

Amount: _____ **\$396 (inc. GST) 1 month prior to course**

_____ **\$440 (inc. GST) after 1 month prior to course**

If you do not wish to pay by credit card we will accept a cheque or money order made out to Combined Health Pty Ltd.

Date: _____

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