



**SpiderTech™ Clinical Certification Course**  
 Progressive Education for the Progressive Therapist

Location:		Date of Course:	
Name:			
Professional Designation:			
Clinic Name:			
Clinic Address:			
City:		State:	
Postcode:	Phone:		
Email:			

**Mailing Address (if different from above):**

Address:			
City:		State:	
Postcode:	Phone:		

**Payment Information:**

Registration Fee:	<input type="checkbox"/> AUD \$375	<input type="checkbox"/> AUD \$299 (Student Concession)	
Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Credit Card Number:		Expiry Date:	
Cardholder Name (as it appears on card):			
Cardholders Signature:		Date:	
I agree to pay the above amounts for the sole use of Registration in the SpiderTech Certification Program.			
Send confirmation by:	<input type="checkbox"/> Email	<input type="checkbox"/> Clinic Address	<input type="checkbox"/> Mailing Address

**Cancellation and Refunds:** Registration fee, less 20%, will be refunded if written cancellation is received at least 10 days prior to the Workshop. No refunds will be given after that date. Acacia Health reserves the right to cancel at any time with full refund.

**Please Fax, Email or Post completed form:**

03 9532 4839	<a href="mailto:joe@spidertechtape.com.au">joe@spidertechtape.com.au</a>	PO Box 86, Chadstone Centre, Victoria Australia 3148
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**Office use only:**

Registration Confirmation	Payment Confirmation	Brochure
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