

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

I would like to enrol in the following seminar: *(please tick)*

Massage

- Ankle Massage - Sat 20th March (610CEMASS1)
- Knee Massage - Sat 20th March (610CEMASS2)
- Both - Sat 20th March (610CEMASS1 / 610CEMASS2)

Taping

- Sports Taping Seminar – Wed 31st March (610CETAPE1)

SMA Member Non - Member

How did you find out about this session?

- School/Uni
- Club/Organisation
- Healthy Club Sponsorship
- SMA Email
- Friend/Colleague
- SMA website
- Other: _____

What is your current Occupation? _____

Students: *(please specify)*

Educational institution: _____

Field of Study: _____ What year are you in? _____

What sport are you involved with? _____

What is your main role in this sport? *(please tick **one** only)*

- Coach
- Manager
- Player/Athlete
- Trainer/First Aid
- Other: _____

Payment Details: Amount: \$ _____					<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card number:	/	/	/		Expiry date: /			
Name on card:								

Office Use only:

Amount: \$	Receipt No.:	Date:
Seminar Code:		

Registrations close 10 days prior to course commencement.

Please send this form with payment to:
 Sports Medicine Australia (WA Branch)
 PO Box 57 CLAREMONT WA 6910
 Fax: 9284 9239