

Spirometry Refresher Workshop 14th October, 2010 – Registration Form

How to register: complete the registration details below (one registration form per participant) and return to Sally Young, ProHealth Training. Email registration lodgement is preferred (sally@prohealthtraining.com). If lodging by post: ProHealth Training, PO Box 1347, West Perth WA 6872. For any queries contact Sally Young 0404 664 474.

Participant Details	
Name:	_____
Job Title/Position:	_____
Company:	_____
Postal Address:	_____ _____
Telephone/Mobile:	_____
Email:	_____

Tax Invoice Details: (only if different from above)	
Name/Company:	_____
Postal Address:	_____ _____
Telephone/Mobile:	_____
Email:	_____

Please Note: (1) Workshop places are limited. (2) On receipt of a completed registration form, a tax invoice will be issued via email. (3) A place at the workshop can be secured only upon receipt of payment in full. Payment details appear on the invoice. (4) No refunds will be given for cancellations made within 5 working days of the workshop date.