



MEDITATION · CAFE · BOOKSTORE
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Course Registration Form (PORF109-4)

First Name: _____ Surname: _____ DoB: _____

Address: _____ Suburb: _____ P/C: _____

Tel: _____ Mob: _____ Email: _____

Signature _____ Occupation: _____

Please enroll me into the following courses: *(Non-refundable Deposit \$50)*

Meditation: *Workshop / Advanced/ Retreat----- Day / Night -----* **Start Date:** _____ **COST:** _____

Pranic Healing: *Basic / Advanced / Psychotherapy / Crystal*

Self Defence / Oneness / SuperBrain / Facelift / Certification ----- **Start Date:** _____ **COST:** _____

Metaphysical: *Energy Awareness / Psychic Development*

Space Clearing / Divine Plan / Universal Truths / Feng Shui ----- **Start Date:** _____ **COST:** _____

Misc: *Gonging / Yoga / Chanting -----* **Start Date:** _____ **COST:** _____

*All courses to be fully paid up 7 days before start - no refund within 48 hours of course start.
 Deposits may be transferred to another course to be used within 6-months of original course date.*

Deposit/Payment:

My payment

method is: Chq# _____ for \$ _____ / Bank Trsfr for \$ _____ on date _____

Pay To: 'Kumara Enterprise Pty Ltd' Bank Details: **BSB: 066 000 A/C: 1060 9265**

Please add name & course to bank trsfr details

or: I authorise payment of \$ _____ to be charged against my credit card/bank card

Visa Expiry Date: _____/_____/_____

MasterCard Name on Card: _____

Bank Card Card Number: _____

Note:
A surcharge of 3% applies to all Credit Card Payments

(non-refundable deposit - but (except for retreat deposits) may be credited to other course fees)

Office Use Only

Rec'd By:

Rec'd	Inv #	D'base	Paid	Pay Method	Amt
____/____/____	# _____	____/____/____	____/____/____	Cash/Chq/EFT/CC/Trsfr	\$ _____