

Please send completed form and payment by 13.11.2009 to:

Principal Coordinator
Chiropractors Board of Queensland
GPO Box 2438
BRISBANE QLD 4001
Enquiries: 07 3225 2524



Chiropractors Board of Queensland

ABN: 36 413 433 890

Chiropractic Seminar

Bridging the Gap: Chiropractic Philosophy and Scientific Research

Registration Form

(Limited Numbers)

Venue: Rydges Southbank Townsville
23 Palmer Street
TOWNSVILLE

Royal on the Park Hotel
Cnr Albert & Alice Streets
BRISBANE

Dates: Saturday, 21 November 2009

Sunday, 22 November 2009

Times: 8.00 for 8.30 am – 1.00 pm

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Yes! I would like to attend

Yes, I would like to attend.

Attendee Name: _____

Address: _____

Post Code: _____

Email: _____ **Phone:** _____

Are you currently registered as a Chiropractor in Queensland? Yes No

Chiropractor Registration Number _____

Catering: Special dietary requirements available only if ordered.

Please advise if you require a special meal ordered: _____

Seminar Cost: The cost of each seminar is \$199.

(A SUBSIDY of \$100 is available to Queensland registrants only, bringing their cost to \$99. All other seminar registrants will pay the normal fee of \$199.)

Payment:

Cheque (Payable to Chiropractors Board of Queensland)

Credit Card (VISA and Mastercard only)

Card Number _____ Expiry Date (MM/YY) _____

Cardholder Name _____ Amount (\$) _____

Signature: _____

Cancellation Conditions:

A participant who cancels two weeks before the scheduled seminar date is to be refunded 100% of fee paid.

A participant who cancels between two weeks and 48 hours before the scheduled seminar to be refunded 50% of fee paid.

A participant who fails to show or cancels less than 48 hours before the scheduled seminar is not entitled to any refund of fee paid.