Registration Form – Dietitians Retreat

Byron Bay 2016

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| **Your Details:** |
| Name: |  |
| Email: |  |
| Mob: |  |
| Emergency Contact (name & best number) |  |
| Date of birth |  |
| **Professional Information** |  |
| Years of practice?Area(s) of practicePlace of practice (which hospital/clinic/group) |  |
| **FOR YOGA CLASSES:** |  |
| Medical History (anything relevant) |  |
| Past or current Medical Conditions eg. Injury |  |
| Is there anything else that might be important for us to know or be aware of? |  |
|  |  |
| Dietary requirements? |  |

### Do you have any particular requests for workshop topics (we are happy to take requests!)

### Have you attended a NonDiet workshop (Fiona Sutherland, Fiona Willer)? Please tick:

### Yes

### No

### Room requested (please mark 1st & 2nd preferences):

1st Pref -

2nd Pref -

### After my deposit is received, I would like to pay my final balance via (please tick or indicate):

* 1 x direct deposit (due by 1st Feb 2016)
* Instalments, please contact me to arrange

## Terms and Conditions of Registration:

1. A deposit of $300 will secure your place (deposits are non-refundable)
2. Final payments are due 1st Feb 2016
3. Retreat balances are non-refundable but are transferable (of course please talk to us if something unexpected comes up). If you are not able to make it and we have a waiting list, your place can be offered to someone else then any payments returned to you.
4. You are responsible for any health or travel insurance during the retreat

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print/type), have read and agree with the above terms and conditions of registration for the Dietitians Retreat, 2016.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or PRINT/TYPE in lieu of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_