

Registration Form



Advanced Exercise Prescription for the Shoulder

Name: _____ DOB: ___/___/___

Contact Details

Phone: _____

Email: _____

Emergency Contact Details

Name: _____ Phone: _____

Education Details

Qualification (eg. AEP, ES): _____

Please Circle as required

What is your current field of employment? _____

Do you have a history of Shoulder injuries/complaints? Y N

Details: _____

Is there anything that will prevent you for partaking in activities on the day? Y N

Details: _____

Is there any further information the lecturers should know prior to commencing? Y N

Details: _____

Do you have any dietary restrictions or allergies eg. Vegetarian/Coeliac? Y N

Details: _____

Morning tea and Lunch will be provided.

Signature: _____ Date: _____

Office use only:

Details Entered

Payment Processed

Registration Form



Contact Details

Company: START Training

Lecturer: Paul Peglar

Phone: 3356 9119

Address: 4/24 Finsbury St, Newmarket.

Email: admin@starttraining.net.au

Website: www.starttraining.net.au

Hours

8am- 4.30pm

Registration Fee

Early Bird

Members \$212.50

Non-Members \$275

Other \$340

Student Members \$170

Student Non-Members \$225

Standard Rate

Members \$250

Non-Members \$325

Other \$400

Student Members \$200

Student Non-Members \$250

Payment Details

Credit Card

I authorise START Training to debit the following card for the amount of \$ _____.

VISA

MASTERCARD

Name of cardholder: _____

Card number: ____ / ____ / ____ / ____

CVC: ____

Expiry Date: ____ / ____

Signature: _____

Office use only:

Details Entered

Payment Processed