

PERSONAL DETAILS			
Full Name			
Preferred Name			
Address			Post Code
Mobile			
Email			
Date of Birth			
Facebook Name/URL			
TERMS AND CONDITIONS			
I have read, understood and accept the Terms and Conditions <i>(including the refund policy)</i>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PAYMENTS			
Deposit \$400 (non-refundable)	<input type="checkbox"/>	Previous Participant VIP	<input type="checkbox"/>
Early Bird \$998 <i>(expires 30.11.21)</i>	<input type="checkbox"/>	Not As Early Bird \$1198 <i>(expires 31.12.21)</i>	<input type="checkbox"/>
Standard Bird \$1298 <i>(expires 31.1.22)</i>	<input type="checkbox"/>	Better Late Than Never Bird \$1398 <i>(expires 22.2.22)</i>	<input type="checkbox"/>
PAYMENT METHOD			
CASH <input type="checkbox"/>	EFT <input type="checkbox"/>		
	Name: Samantha Gillard	BSB: 014-572	ACC: 460-280-701
CREDIT CARD (2.6% Surcharge) <input type="checkbox"/>	Card Name		
Expiry Date	___/___/___	CCV	
PAYPAL (2.6% Surcharge)	paypal.me/samanthagillard		
PERSONAL			
What do you hope to get out of this event?			
How would you describe yourself?			
How would close friends or family describe you?			
What area(s) of you life do you most need to focus on?			
MEDICAL HISTORY (strictly Confidential)			
Please list any relevant medical (Physical/Mental) issues that may impact your attendance at this event			
For purposes of venue compliance, could you please indicate your vaccination status			
Not Vaccinated	<input type="checkbox"/>	Double Vaccinated	<input type="checkbox"/>
Signature	X		