

REGISTRATION FORM

NAME: (TO BE PLACED ON CERTIFICATE)

ADDRESS:

CONTACT NO:

HOME: _____

MOBILE: _____

EMAIL -----

DEPOSITS ARE NON REFUNDABLE & NON TRANSFERABLE (except in case of cancellation of course by Elisabeth). All deposits required two weeks in advance.

(ABN 66 122 095 908)

Please find enclosed cheque/money order for \$ _____

Or debit my Visa Card or Mastercard

Card no: _____

Expiry Date: _____ Sec No _____

Name on Card: _____

Signature: _____

() As Full Payment () As Deposit

Course Date(s) _____

Course Title (s) _____

Please make cheques/ money orders payable to

Elisabeth Jensen

and post to:

Elisabeth Jensen

PO Box 614

Brighton

SA 5048

Australia

Payment online with PAYPAL is also available

* NB you have to print this form out then scan it back in to email details to

angel@angelmiracles.com.au