**BTFA 22nd Annual Bowen Therapy Conference  
Mantra Tullamarine Hotel November 8th-10th 2019**

**REGISTRATION FORM**

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| SURNAME: | FIRST NAME: |
| ADDRESS: | STATE: POSTCODE: |
| EMAIL: | PHONE: |
| BTFA MEMBER NUMBER: | ANY DIETARY RESTRICTIONS? YES / NO (Please list dietary requirements in the box below) |
| DIETARY REQUIREMENTS: Please give details below: | |

FULL PAYMENT MUST BE RECEIVED WITH THE SUBMISSION OF THE REGISTRATION FORM.

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|  | **COST AUD** | **QTY** | **TOTAL** |
| **Full Conference Registration** (payment is not accepted on the day) \*\* Please register and pay before Friday 18th October for catering. | $390 |  |  |
| **Single Day**  **SATURDAY 9th**  or **SUNDAY 10th November** (pls tick **one** box only) Includes morning & afternoon tea & lunch. Does not include dinner.  Please note: the AGM will take place on the Saturday afternoon. | $170 |  |  |
| Extra Ticket for Gala Dinner (Saturday night) | $55 |  |  |
| Dinner Partner’s Name*:* | | | |

**PAYMENT DETAILS (please ensure you register and pay before Friday 18th October):**

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| **Direct bank transfer** BTFA’s Conference account bank details:  Acc. name: Bowen Therapists Federation of Australia BSB: 035006 Acc No: 318300  **Please advise us of your payment ref. number.** | **Cash deposit** At any Westpac bank. **Please include your surname as reference.** Please attach payment receipt to the registration form when emailing or posting. | **Cheque / Money Order** Made payable to:Bowen Therapists Federation of Australia  Your cheque **must** accompany your registration form. | **By Post / Email** Send completed registration form to:  BTFA PO Box 72 Kilkenny SA 5009; or:btfa-office@bowen.asn.au |