**Bowen Therapy Conference 16-18 August 2024
Adelaide Hills Convention Centre, Hahndorf, SA**

**REGISTRATION FORM**

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| FIRST NAME: | SURNAME: |
| ADDRESS: | STATE: POSTCODE: |
| EMAIL: | PHONE: |
| DO YOU HAVE ANY DIETARY REQUIREMENTS? Y / N (Please provide details) |

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

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|  | **COST** | **QTY** | **TOTAL** |
| **Early Bird registration** (must be paid by Thursday 20th June 2024) | $450 |  |  |
| **Full price registration** (for payments made after 20th June 2024)***\*\*\* Please note: After Friday 19th July 2024, no further registration payments will be accepted \*\*\**** | $495 |  |  |
| **Single day** **conference fee (one day only)** **SATURDAY 17th or** **SUNDAY 18h August** (tick **one** box only)Includes morning, afternoon tea & lunch. Does not include dinner. *Please note: the AGM will take place on Sat 17th August at 3:30pm.* | $210 |  |  |
| ‘Plus One’ Ticket for Saturday Night Gala Dinner Dinner Partner’s Name: | $75 |  |  |

**PAYMENT DETAILS**

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| **Direct bank transfer**BTFA bank details:Acc. name: BTFABSB: 033-059 Acc No: 215007Please 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 AustraliaYour cheque **must** accompany your registration form. | **By Post / Email**Send completed registration form to: BTFAPO Box 72Kilkenny SA 5009or via email to: btfa-office@bowen.asn.au |