Mobiderm Lymphoedema Bandaging Workshop 2016

Registration Form

Please complete the following and fax to 03 9681 8003 or scan and email to info@medicalrehab.com.au

I will be attending

The Darwin Workshop on 25th May 2016

Your Details

Name: _____ Phone: _____

Email: _____

Address: _____

Your Qualification: e.g. RN, Physio, OT, Dr Vodder, other

_____

Primary place of practice:_____

Cost: $165.00 inc. GST

(You will receive one Mobiderm Treatment Pack Valued at $185.00)

How to pay?

Via Credit Card

Card Type: Visa , MasterCard : _____

Card Number: | | | | | | | | | | | | | | | | |

Expiry Date: | | | | |

Name on Card: _____ **Signature:** _____

Or By Direct Debit Medical Rehab Pty Ltd. Commonwealth Bank BSB 063 188 ACC No. 10305826 Use your name as reference

Please fill out the above information and state you have paid by Direct Debit. Fax or email to the above fax number or email address.