



New Zealand 2012 Intermediate Course Registration Form

Please send your completed and signed registration form to:

Interactive Drawing Therapy Limited, PO Box 47-419, Ponsonby, Auckland 1144

Fax: +64 9 376 4759 Email: idt@pl.net

Your Name and Contact Information

Name: Occupation: Organisation:

Home Address: Suburb: City: Post Code:

Work Address: Suburb: City: Post Code:

Phone (work): Phone (home): Mobile:

Email (work): Email (home):

Which Course Are You Attending? (Please circle)

Auckland (*June 14-16*)

What is Your Course Fee? (please circle relevant fee option)

Course Fee (gst inc)
(New Zealand Dollars)

Early Bird Option – FULL payment must be received 6 weeks prior to course start date

NZ\$650.00

Standard Fee

NZ\$750.00

How Are You Paying?: (please circle payment option and complete section)

ABN/GST No **45 473 329 235**

CHEQUE I enclose a cheque made out to **Interactive Drawing Therapy**.

DIRECT CREDIT I have paid by direct credit/bank deposit.

If paying by Direct Credit, it's essential that you get the bank to print your name or IDT Invoice No. on our bank statement to identify your deposit, AND/OR that you advise us of your payment date and amount (and any reference details your bank has provided).

Date of PaymentReference

Assign Direct Credit payments to:

Interactive Drawing Therapy Ltd

Acct No. 03-0255-0265684-00

Westpac Bank, Ponsonby Branch, 172 Ponsonby Rd, Ponsonby, Auckland

Please **INVOICE MY EMPLOYER**

Attention:

Organisation: Postal Address:

Phone: Email:

I have read and accept the 'Terms and Conditions' on the IDT website www.InteractiveDrawingTherapy.com
(Please ask us to email or post you a copy of the Terms and Conditions if you do not have website access.)

Signed Date

IDT - Powerful Tools for Skilled Professionals