Upledger Institute

CRANIOSACRAL THERAPY I & II, AND SOMATOEMOTIONAL RELEASE I & II COURSE REGISTRATION

Title ..... First name……..……..……Surname…….....
Address…….....……
…….....……Post code……
Postal.....
.....Post code.....,.....
Phone: (m)……...……(h……..……..(w).....
Email…….....……....
Professional Qualifications…….....

Prerequisite:

CSI:	Certified or Licensed Health Care Practitioner with experience in sensitive, light-touch palpation
CSII:	CSI (CranioSacral Therapy I)
SERI:	CSII (CranioSacral Therapy II)
SERII:	SERI (SomatoEmotional Release I)

Course participants should be professionally established healthcare practitioners, registered and insured with relevant bodies. Current practice should include a manual therapy modality. Any queries will be referred to Upledger Institute for clarification.

Required Advance Reading:

CSI:	*CranioSacral Therapy* by John E. Upledger, DO, OMM
CSII:	*CranioSacral Therapy II* by John E. Upledger, DO. OMM
SERI:	*SomatoEmotional Release* by John E. Upledger, DO, OMM
SERII:	*Getting to Yes* by Roger Fisher and William Ury and *SomatoEmotional Release* by John E. Upledger, DO, OMM

Textbooks may be purchased at www.upledger.com

2010 Workshop(s) you wish to attend:

_____	SERI	4-7 February	Sydney
_____	CSI	15-18 April	Sydney
_____	SERII	29 July-1 August	Sydney
_____	CSII	11-14 November	Sydney

Print & Mail or Email form to:
Chris Teale
Upledger Institute Australia
Hackney Rd
Hackney SA 5069
cteale@aapt.net.au

Fee

AU$795 per course
20% deposit to confirm place, full payment required 1 month prior

Early Bird Registration
AU$745 per course
20% deposit to confirm place, full payment required 2 months prior

Payment by Credit Card (2% surcharge)

Card type
__Visa
__Mastercard
__Other.....
Card Number …….....…….....……
Expiry Date ...../...../.....
Security code……
Name on card……...…….....
Signature……Date ...../...../.....

Amount to be charged now:

Deposit $_____ x ____ = $_____

OR

Full amount (early bird) $745 x ____ = $_____

Permission to charge balance to credit card prior to course

___Yes ___No

___Full fee 1 month prior OR ___Early Bird fee 2 months prior

Payment by Direct Deposit Electronic Transfer

Savings and Loans Credit Union
Account name: Chris Teale – Upledger Institute
BSB 805023
Acct number 04371287
***Please use your name as reference