



Australian Bobath Neurodevelopmental Therapy Association

**APPLICATION FORM:
Oral Motor, Feeding/Swallowing, & Respiratory Coordination Function
in children with Neuromotor Involvement.**

PLEASE CIRCLE COURSE LOCATION:

Gold Coast 4/02/10 – 6/02/10

Melbourne 10/02/10 – 12/02/10

Personal Details

First Name.....Surname.....

Home Address:.....

Home Telephone No.Mobile

Email

Place of Work:.....

Work Address

Work Telephone No. Email

Degree (s):.....

(Correspondence will be by specified email unless indicated otherwise)

Payment Details: (Please tick. Note ***current membership is required*** for course insurance purposes):

\$800.00

OR

\$855.00 (includes membership)



Payment Options: *(Please tick your preferred option. Note we do not have credit card facilities)*

Cheque Bank Transfer Invoice required for Employer

Bank Transfer Details: **BSB No:** 013377 **Account No:** 100349576

Please forward a print out of payment details, with name & course details (eg **kcaynes+Rona3reg0**)

Please Note:

- + Registrations close on **Monday 11th January 2010**.
- + All participants are required to be **current members of ABNDTA due to insurance requirements**.
- + Places on the course will be allocated upon receipt of applications, and will be confirmed **upon receipt of full payment**.
- + ABNDTA retains the right to cancel the course if sufficient registrations are not received by **Monday 11th January 2010**.
- + Full refunds will be provided if the course is cancelled by ABNDTA.
- + Full refunds will only be provided to participants who withdraw if another person is able to take your place.

Please forward this form to:

**ABNDTA
PO Box 2240
New Farm Qld 4005**

**Australian Bobath Neurodevelopmental Therapy Association
NDT/Bobath Advanced Speech Course**