

REGISTRATION FORM FOR ANGEL MIRACLES & ISIS MYSTERY SCHOOL COURSES WITH ELISABETH JENSEN IN AUSTRALIA & SINGAPORE

NAME: (TO BE PLACED ON CERTIFICATE)

ADDRESS:

CONTACT Number _____

MOBILE: _____

EMAIL _____

****ALL DEPOSITS ARE NON REFUNDABLE & NON TRANSFERABLE *(except in case of cancellation of course by Elisabeth). All deposits required 2 weeks in advance.***

(Centre For Complementary Healing Studies ABN 66 122 095 908)

Please find enclosed cheque/money order for \$ _____

Or debit my Visa Card or MasterCard or Amex

Card no: _____

Expiry Date: _____ Sec No _____

Name on Card: _____

Signature: _____

As Deposit (s) (Remaining FULL payment is required at start of course)

Course Date(s) _____ &

Title(s) _____

Please make cheques/money orders payable to ELISABETH JENSEN & post

Elisabeth Jensen PO Box 614, Brighton, S A 5048, AUSTRALIA

Payment online with PAYPAL available @ www.isismysteryschool.com/dates.html

* You can also **FAX** this form to (+618)82966488 if paying by Credit Card