



REGISTRATION FORM

SMILE TRU PRESENTED BY DR SKIP TRUITT FOR SMILE CORPORATION

TITLE	FIRST NAME	SURNAME	
ADDRESS			
POSTCODE	PHONE		
EMAIL ADDRESS			
SPECIAL DIETARY REQUIREMENTS			
COURSE DATE and LOCATION			
CARD DETAILS			
Mastercard	Visa	Expiry date	
CARD NUMBER			
BILLING ADDRESS(If different from above)			
		POSTCODE	

Booking terms & Conditions

Full payment is requested upon booking. Cancellations must be received in writing or via email. Cancellations received 25 days prior to the seminar will be entitled to a 100% refund. Cancellations between 7 & 24 days will receive a 75% refund. For cancellations received between 1 & 6 days prior to seminar will not receive a refund. Failure to attend on the day will also not receive a refund.

EARLY BIRD REGISTRATION BY 24TH FEBRUARY \$695.00 + gst
\$795.00 + gst REGISTRATION AFTER 24TH FEBRUARY

Please email registration form to - smiletru@pearlhealthcare.com.au or fax (03)9521 9619