

# BALANCE FOR WELLNESS CONNECTION

## TRAINING / WORKSHOP ENROLMENT FORM

Ida Lyall Phone 03 9568 4635 Mobile:0425753494  
 Website: idalyall.com.au email: [info@idalyall.com.au](mailto:info@idalyall.com.au)

Name: .....  
 Address: .....  
 Suburb: ..... P. Code:.....  
 Tel. (Home/Work):.....Mobile: .....  
 Email Address: .....  
 How did you hear about me? .....  
 Name of Training/Workshop:.....  
 Training Date(s): .....  
 Desired name on Certificate: .....

| Self Mastery Series                    | ✓ | Hours | Early bird special | Full Price |
|--|---|-------|--------------------|------------|
| SMS 1) Behavioral Change level 1       |   | 16    | 397                | 437        |
| Behavioral Change level 2              |   | 16    | 397                | 437        |
| Behavioral Change level 3              |   | 16    | 397                | 437        |
| <b>Package with Bonuses</b>            |   |       | 1197               | 1901       |
| Transforming Memories In Theta & Delta |   | 16    | 397                | 437        |
| SMS 2) KRHEM-SEKHEM level 1            |   | 16    | 397                | 437        |
| KRHEM-SEKHEM level 2                   |   | 16    | 397                | 437        |
| KRHEM-SEKHEM level 3                   |   | 16    | 397                | 437        |
| <b>Package with Bonuses</b>            |   |       | 1197               | 1901       |
| SMS 3)Touch For Health 1               |   | 16    | 347                | 377        |
| Touch For Health 2                     |   | 16    | 347                | 377        |
| Touch For Health 3                     |   | 16    | 347                | 377        |
| Touch For Health 4                     |   | 16    | 347                | 377        |
| Attitude with Eseeence                 |   | 16    | 347                | 377        |
| <b>Package with Bonuses</b>            |   |       | 1737               | 2485       |
| <b>Total</b>                           |   |       |                    |            |

Note: Cost of repeating a workshop is 50% of the current price.

### Payment

Deposit of \$ \_\_\_\_\_ paid by cheque  money order  cash  Bank Transfer   
 Balance of \$ \_\_\_\_\_ paid by cheque  money order  cash  Bank Transfer

Please make cheques or money orders payable to "Ida Lyall".

Deposit: For full price \$100 deposit payable 2 weeks prior to commencement of training.

Bank Details: Commonwealth Bank: BSB 063 010 Acc. 10072840

Card Type: Visa / Mastercard (Fee applies to all Visa & Mastercard transactions.)

Card name: \_\_\_\_\_ Signature: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ Amount: \$ \_\_\_\_\_

I agree to abide by the conditions of enrolment and training requirements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_