



Est. 1984

# Massage Introductory Course

## One Day

### 10am – 4pm

**Suite 6**  
219 Balaclava Rd  
North Caulfield

### Enrolment Form:

#### Section A: Personal Details

Title	Family Name	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Address – Street Number and Name		
<input type="text"/>		
City/Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Mobile Phone	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email address</b>		
<input type="text"/>		
To confirm my enrolment I would like to use the following payment option:		
<input type="checkbox"/> <b>Option 1</b> – Full payment with amount due: <b>\$250.00</b>		
<input type="checkbox"/> Start Date: _____		

#### Section B: Payment Method

I enclose the following amount as payment: \$ \_\_\_\_\_

Cash (do not send money through the mail)

Cheque or Money Order (payable to Copeland College of Massage Therapy)

Credit Card:     Visa     MasterCard     Bankcard

Name on the Card: \_\_\_\_\_

Card Number:   

Expiry Date: \_\_\_\_\_    Signature: \_\_\_\_\_

**Return your application to:**

**Copeland College of Massage Therapy**  
**PO Box 2003,**  
**Caulfield Junction 3161**

**Phone: 03 9532 8144**  
**Fax: 03 9532 8362**  
[info@copelandcollege.com.au](mailto:info@copelandcollege.com.au)