



Short Course Registration Form

First Name: _____ Last Name: _____

Highest Educational Qualification: _____

Address: _____

Phone: _____

Email: _____

Name of the course _____

- Payment Method –
- Credit Card
 - Bank Transfer (details Below)/
 - Call us with credit card details/
 - Pay in person

Credit Card Number _____ Expiry Date - -/ - - CVV _____

Name on Card _____

Bank Transfer Details: Account name: Australian Institute of Holistic Medicine
BSB: 086 – 138 Account Number: 50708 5963

I have read and understood the refund policy for unaccredited course found on our website under "Our Policies"

Signed

For enquires please call the AIHM on 08 9417 3553
Fax: 08 9417-1881
Email: info@aihm.wa.edu.au
Website: www.aihm.wa.edu.au