



COLLEGE OF
Mind ~ Body ~ Spirit

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COURSE REGISTRATION OF INTEREST

First Name:..... Surname:.....

Mailing Address:.....

Suburb or Town: State:..... Post Code:

Daytime Phone Number:..... Mobile Number:

Email Address:.....

Course Code	Course Description	Course Cost

THIS IS A REGISTRATION OF INTEREST FORM - NO PAYMENT IS REQUIRED

When you return this form a list of available course dates and times, student kit/consumables requirements (if any), and an enrolment form will be mailed to you.