



Professionals' Courses by Dr John Flutter

Course Registration Form Postural Correction & Breathing Retraining

23 - 24 May 2020 (2 Day Course)

PRACTICE DETAILS

PRACTICE NAME

ADDRESS

MAIN CONTACT

PHONE

MOBILE

EMAIL

ATTENDEE SUMMARY & FEES

DENTIST
\$3,000

STAFF
\$800

1. DENTIST (\$4,000)

N/A

N/A

2. ATTENDEE

N/A

FREE!

3. ATTENDEE

4. ATTENDEE

PAYMENT DETAILS

METHOD

Visa

MasterCard

CARD NUMBER

EXPIRY

/

NAME ON CARD

SIGNATURE

DATE

PAYMENT

Course fees will be processed in full as soon as the course is confirmed.



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ATTENDEE 1 DETAILS					DENTIST 1 \$4,000
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
FULL NAME					
ADDRESS					
MOBILE			EMAIL		
POSITION HELD					
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Skim milk	<input type="checkbox"/> Soy milk	
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Whole meal	<input type="checkbox"/> Multi grain	<input type="checkbox"/> Vegetarian	
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy	
OTHER/ SPECIFY					

ATTENDEE 2 DETAILS					<input type="checkbox"/> FREE FOR THE FIRST STAFF MEMBER
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
FULL NAME					
ADDRESS					
MOBILE			EMAIL		
POSITION HELD					
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Skim milk	<input type="checkbox"/> Soy milk	
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Whole meal	<input type="checkbox"/> Multi grain	<input type="checkbox"/> Vegetarian	
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy	
OTHER/ SPECIFY					



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ATTENDEE 3 DETAILS		<input type="checkbox"/> STAFF \$800		<input type="checkbox"/> DENTIST \$3,000	
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
FULL NAME					
ADDRESS					
MOBILE			EMAIL		
POSITION HELD					
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Skim milk	<input type="checkbox"/> Soy milk	
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Whole meal	<input type="checkbox"/> Multi grain	<input type="checkbox"/> Vegetarian	
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy	
OTHER/ SPECIFY					

ATTENDEE 4 DETAILS		<input type="checkbox"/> STAFF \$800		<input type="checkbox"/> DENTIST \$3,000	
TITLE	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
FULL NAME					
ADDRESS					
MOBILE			EMAIL		
POSITION HELD					
DIETARY	<input type="checkbox"/> Full cream milk	<input type="checkbox"/> Trim milk	<input type="checkbox"/> Skim milk	<input type="checkbox"/> Soy milk	
REQUIREMENTS	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Whole meal	<input type="checkbox"/> Multi grain	<input type="checkbox"/> Vegetarian	
FOOD ALLERGIES	<input type="checkbox"/> Seafood	<input type="checkbox"/> Nuts	<input type="checkbox"/> Egg	<input type="checkbox"/> Dairy	
OTHER/ SPECIFY					