



## REGISTRATION FORM

### THE VINIYOGA APPROACH FROM A THERAPEUTIC PERSPECTIVE

Fri 5 – Sun 14 November 2010

Ballina Beach Village, Dolphin Bay,

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender female / male

Street Address \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_

Phone M \_\_\_\_\_ Phone W \_\_\_\_\_ Phone H \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation

\_\_\_\_\_

Education Qualifications - Professional Training

Provide brief details of your educational qualifications and professional training

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Are you a Yoga Teacher? YES / NO

If you are a yoga teacher, how long have you been teaching? \_\_\_\_\_

Have you previously studied the Krishnamacharya lineage or viniyoga approach to yoga?  
YES/NO

### Yoga Training/Experience

Please give details of your yoga training and experience eg. include whether student, teacher, health practitioner, style of yoga, duration of study, names of schools/teachers/traditions, and level of training in Krishnamacharya lineage or viniyoga approach to yoga, if any.

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### Personal Practice

If you have a personal practice, please provide a brief description of your personal yoga/meditation / pranayama practice etc. including how regularly you practice.

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### Therapist Training Course

Please indicate whether you are **highly likely** / **considering** / **unlikely** to apply for the VHF/YTA Therapist Training 2011



### Medical Conditions

Please provide brief details of any medical (including psychiatric) conditions, allergies and any medications that we should be aware of. If none please enter "None"

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### Food Allergies

Please provide details of any food allergies. This information will be passed on to our caterer who can then advise you if there are any meal options you should avoid.

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### Special Assistance

Do you require any special assistance during the course? If so please describe the type of assistance required. If none please enter "None"

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### Emergency Contact

Please provide the name of a person we can contact in an emergency

Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

(please include area code and if outside Australia the country code)

## ACCOMMODATION OPTIONS

Accommodation Option	Full Price payable by <u>1 October 2010</u>	Early Bird Discount payable by <u>3 September 2010</u>
<input type="checkbox"/> <b>Camping per person</b>	\$1,975	\$1,775
<input type="checkbox"/> <b>Dormitory</b> Single beds in 2 by 2 bunk formation in open plan cabin, no bathroom	\$2,025	\$1,825
<input type="checkbox"/> <b>Standard Cabin Twin Share A</b> Private room with Queen size bed in standard self contained cabin	\$2,175	\$1,975
<input type="checkbox"/> <b>Standard Cabin Twin Share B</b> Futon couch/day-night bed in open kitchen lounge area in standard self contained cabin	\$2,095	\$1,895
<input type="checkbox"/> <b>Sole Occupancy Standard Cabin</b>	\$2,525	\$2,325
<input type="checkbox"/> <b>Deluxe Cabin Twin Share A</b> Private room with Queen size bed in deluxe self contained cabin	\$2,395	\$2,195
<input type="checkbox"/> <b>Deluxe Cabin Twin Share B</b> Private room with single bed in deluxe self contained cabin	\$2,265	\$2,065
<input type="checkbox"/> <b>Deluxe Cabin Triple Share A</b> Private room with Queen size bed in deluxe self contained cabin	\$2,265	\$2,065
<input type="checkbox"/> <b>Deluxe Cabin Triple Share B</b> Shared room with single bunk beds in deluxe self contained cabin	\$2,095	\$1,895
<input type="checkbox"/> <b>Deluxe Cabin Triple Share C</b> Shared room with single bunk beds in deluxe self contained cabin	\$2,095	\$1,895
<input type="checkbox"/> <b>Sole Occupancy Deluxe Cabin</b>	\$2,925	\$2,725

**Please Note:** Your choice of accommodation cannot be guaranteed as some options are very limited. While every effort will be made to satisfy your preferences "First in, Best Dressed" will apply.

## SHARING ARRANGEMENTS

Please indicate the name of any person/s you wish to share with. Please also request your friend/s to name you on their form.

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## PAYMENT

We require a minimum deposit of \$300 to secure your place. Accommodation allocations and placements can only be made upon receipt of funds, and are subject to availability.

No accommodation will be allocated or places in the course reserved until a minimum deposit of \$300 is received. This deposit is fully refunded immediately if you are not accepted into the course or the course is full, unless you wish to be placed on a waitlist in which case the deposit will be held pending availability. Otherwise, the deposit is non-refundable but is transferable.

The deposit will be deducted from the total cost. The final payment must be received no later than **1 October 2010**. If the final payment is not received by that date your place may be offered to someone else and your deposit forfeited.

To be eligible for the **EARLY BIRD DISCOUNT PRICE** your final payment must be received by **3 September 2010**. If the balance is received after that date the full price will be payable.

## TERMS AND CONDITIONS

### 1. REFUND POLICY FOR FOUNDATION TRAINING NOVEMBER 2010

If a participant withdraws from the program the following terms and conditions apply:

- a) If the participant withdraws on or before 1 October 2010, the participant will receive a full refund of all monies less the non-refundable deposit of \$300;
- b) If a participant withdraws after 1 October 2010, the participant will forfeit 50% of their total cost of the course;
- c) If a participant withdraws after 29 October 2010, no monies will be refunded.
- d) However, at any time prior to the course commencement, a withdrawing participant may arrange to transfer his/her payments to another person to attend the same workshop in his/her place.

### 2. CANCELLATION

Yoga Therapy Australia reserves the right to cancel any event, workshop or training if necessary. In the unlikely event that this occurs, a full refund of all monies will be returned to the participant. However, no responsibility will be accepted for any consequential loss in any circumstances.

Appropriate TRAVEL INSURANCE is highly recommended.

### 3. PHOTOGRAPHS, FEEDBACK etc.

Photographs taken and feedback given may be used by Yoga Therapy Australia and the presenters of courses for marketing purposes. If you would prefer we did not use any of the material written by you or containing an image of you please advise us in writing.

### 4. DISCLAIMER

Yoga Therapy Australia accepts no responsibility for any act, omission, default or neglect of themselves, their employees, agents or associates for any injury, damage, or loss to persons or goods whatsoever or however the same may be caused



Please select payment method:

Internet Direct Deposit

Yoga Therapy Australia  
St George Bank  
BSB: 112879  
A/C: 446257089

Please ensure you use YOUR NAME as a reference.

Branch Deposit

Please first contact us to obtain a reference number before making the deposit to ensure we can match your payment

Cheque/Money Order

Please draw cheque/money order to Yoga Therapy Australia and post to:  
Yoga Therapy Australia  
3546 North Arm Road  
Girralong NSW 2449

Credit Card (**NOTE:**1% surcharge)

Card Type            MasterCard / Visa

Card Number        \_\_\_\_\_  
Enter numbers only, no spaces or dashes.

Security Code        \_\_\_\_\_



Usually the last 3-4 digits in the signature area on the back of the card.

Expiration Date    \_\_\_\_/\_\_\_\_ (month /year )

Name on Card

Billing Address

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_