



COURSE APPLICATION FORM

Complete this form and return to PO BOX 329 Tewanin QLD 4565

Welcome to the *Millennium Education PTY LTD Courses*. It is a requirement that the "Course Application Form" is filled out and returned with your non refundable deposit. If preferred full payment is accepted. This shall confirm your booking and place for the course. If you are unable to attend, notification is required at least (14) days in advance with the option to attend the course at a later date according to availability. This is applicable for 3 months after the booked course date and when full payment has been made. This is not guaranteed as courses book out early and that course may not be available. (Refer to website for refund policy www.absoluteempowerment.com/Refund_Policy.php *Please PRINT when filling in form using blue/black ink.

Name	
Address	
Postal Address	
Email	
Phone	Home: _____ Mobile: _____
Course Attending:	Name: _____ Date: _____
How did you learn about this?	<input type="checkbox"/> Recommended <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Other <input type="checkbox"/> EXPO <input type="checkbox"/> Magazine
E-newsletter	<input type="checkbox"/> I agree to receive e-newsletters and have the option to cancel at any time
Special Dietary Requirements <small>*List serious life threatening intolerances/food allergies</small>	FOOD: REACTIONS:
NO refund policy & Disclaimer I understand and agree to these conditions and the NO REFUND POLICY by signing this form.	I hereby acknowledge and agree that in attendance of any of the Millennium Education courses, the ownership of the intellectual property provided in the workshop belongs to Jean Sheehan of Millennium Education PTY LTD, and that I will NOT use any of that intellectual property in any form of advertising, education, or promotion whatsoever. I also acknowledge that the use of the Millennium Modality (Modules I, II, III, IV, Awakened Children, Opening Doors) and any procedure or techniques learnt in the courses are in no way designed to replace medical practices or medical advice given to people from qualified medical practitioners. The workshop material makes no claim to cure any illness or disease, nor does it claim to diagnose and prescribe advice. The information is not intended to offer medical, psychological or other professional services, and whenever persons find themselves in need of treatment by a qualified medical practitioner, the above mentioned party encourages them to do so. In the event that you use the information from the course for yourself or others, the above mentioned party assumes no responsibility for your choices, decisions or actions. SIGN: _____ DATE: _____
Credit Card Authorisation <small>*Office Use Only</small> Payment Processed by: _____ Processing date: _____ Authorisation No: _____	Credit Card Details Total Payment Amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> *No refunds available <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Card Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> I agree and authorise the debit of my credit card for the above stated. Name on the card: _____ Cardholder signature: _____ Date: _____ CCV Last 3 digits of code on back of credit card: <input type="text"/> <input type="text"/> <input type="text"/>