

Registration Form for the 2009 Course in Footology Therapy™

Date of Registration: -----

First Names:-----

Surname: -----Title:-----

Nickname:-----

Profession: (Please send with this form a short letter about your educational background, practical experiences, hobbies, special interests and why you would like to become a Footologist and I would love a photo)

Date of Birth:-----

Postal Address:-----

----- Code: -----

Physical Address:-----

----- Province:----- Code:-----

Email: -----

Telephone: (W)----- (H)-----

Fax: ----- Cell: -----

ID Number/Passport: -----

Please note that that the amount of R 8180.00 for the 2009 course should be paid to The School of Footology Therapy™ before your course commences, or as discussed otherwise.

There will be no refund of fees, once the student commenced the course.

Cheques should please be made out to **Karin Lombardozzi** and a direct deposit made to our bank account, with a copy of the deposit slip faxed to us.

Please add required fees in case of cash-deposit

Account Details:

Bank: Nedbank Branch: Malmesbury Branch Number: 198-405
Account Number: 1984 514377

The registration form, proof of payment, a photo of the student and the accompanying letter should be mailed to P O Box 654, Riebeek West 7306 South Africa

Signature: