

**DRY NEEDLING AND WESTERN ACUPUNCTURE  
COURSE APPLICATION**  
[www.combinedhealth.com.au](http://www.combinedhealth.com.au)

**Course Venue & Date:** \_\_\_\_\_

For a confirmed place on your preferred Western Acupuncture and Dry Needling course please complete this form and return it via post or fax it to;

**Combined Health Pty Ltd,  
PO Box 342,  
Robina, 4226. Qld.**

**Fax: 0755 983052      Ph: 0755 983511**

**Name:** \_\_\_\_\_

**APA member no.:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Credit Card details:**

**Visa / Mastercard    (please circle)**

**Card number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ / \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **\$396 (inc. GST) 1 month prior to course**  
\_\_\_\_\_ **\$440 (inc. GST) after 1 month prior to course**

**If you do not wish to pay by credit card we will accept a cheque or money order made out to Combined Health Pty Ltd.**

**Date:** \_\_\_\_\_

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