



School of Body Piercing

Name:.....

Business name (if applicable):

Address:

.....

Telephone:Fax:.....

Registration details:

I will be attending the following seminar (tick where applicable).

N.B. If more than one person is attending please fill in a separate registration form for each attendee (photocopies OK).

Introductory Intermediate Advanced

In:

- Melbourne
- Sydney
- Brisbane
- Perth
- Adelaide
- Hobart

On:

(Please fill in your preferred dates from the insert in this flier)

First preference:

Second preference:

Payment Details:

1. Book by mail, pay by cheque:

Post this form with your cheque (payable to Pierce de Resistance) to:

**Pierce de Resistance
701-703 Rathdowne Street,
North Carlton, Vic 3054
Melbourne, Australia**

A cheque for \$..... is enclosed.

2. Book by fax, pay by credit card:

Please complete this form and fax it to Pierce de Resistance on -61-3-9349 1115

Charge to: Visa Bankcard Mastercard

Card No: _____

Expiry Date:Amount:

Cardholder's Name:

Cardholder's Signature:

For Further information freecall 1800 334 300