



CHIRON HEALING® GATHERING 'THE PEARL GATHERING'

Ballart, Victoria, Australia
13-16 October, 2011

Registration Form

Send completed form with payment to:

I.A.CH.I. (International Association of Chiron Healers Inc. ABN 12 650 790 270)
PO Box 509, Mt Evelyn, VIC 3796 Australia Ph: Int: +61 3 9737 1944

Please complete the following - all items must be completed!

Name: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____ Country: _____

E-mail: _____ Phone: (____) _____

Please list the Name/s of who you wish to share a room with: Name: _____

Name: _____ Name: _____

Important to register early - ALL bookings must be made by 2nd September!!

PAYMENT DETAILS

I have enclosed - tick the boxes that apply: (*The only Discount available is for Early Registration.*)

| | ITEM | Payment DATE | AMOUNT per person | NUMBER of Persons | TOTAL |
|--------------------------|--|-------------------------------|-------------------|-------------------|-------|
| <input type="checkbox"/> | DEPOSIT (\$140 non-refundable) | Required by 2 Sep 2011 | \$280 AUD | | \$ |
| <input type="checkbox"/> | EARLY-BIRD REGISTRATION (includes Deposit) | Fully paid before 30 Sep 2011 | \$695 AUD | | \$ |
| <input type="checkbox"/> | FULL REGISTRATION (includes Deposit) | Paid after 30 Sep 2011 | \$795 AUD | | \$ |

ACCOMMODATION: All fees are based on shared accommodation.

There are a few single rooms available at additional cost - all requests are on a first come basis and availability.

| | | | | | | |
|--------------------------|----------------------------|-------------------------------|-----------|--|------------------------|----|
| <input type="checkbox"/> | SINGLE ROOM UPGRADE | Fully paid before 30 Sep 2011 | \$300 AUD | | \$ | |
| | | | | | Total Amount Payable | \$ |
| | | | | | AMOUNT Enclosed | \$ |

**GST not included - IACHI is not registered for GST. Tax invoices will be issued*

Number of persons: _____ Please list Name/s of additional persons included in this payment:

| Name | Name |
|------|------|
| | |
| | |

* METHOD OF PAYMENT

Amount enclosed: AUD\$ _____

Money Order Cheque *Please make payable to the International Association of Chiron Healers Inc.*

Direct Bank deposit - **Bank account:** Bendigo Bank Ltd **BSB:** 633-000 **Account No.** 128340858

(*Please make sure your name is referenced on the payment*) Date deposit was made: ____/____/2011

or charge my credit card: MasterCard Visa

Card No.: _____

Name on Card (print): _____

Expiry Date: ____/____/____ Signature: _____