



Australian Energy School of Chiron (AESC)
International Association of Chiron Healers Inc. A0040298F
 (ABN 12 650 790 270)
Registered Office:
 1002 Lydiard St. Nth., Ballarat Victoria 3350 Australia
Phone / Fax: + 61 + 460 090 590
E-mail: aesc@iachi.com

TEACHER REGISTRATION PAYMENT FORM

- All accredited Chiron Healing® Teachers are required to pay a prescribed registration fee following the first Chiron Healing® course taught at a new level. These fees contribute towards administration costs, with any surplus being directed to the AESC School Building Fund (*see Teacher's Handbook for further details*).
- Fees are set by the IACHI Committee upon the advice of Teachers attending the **AESC Teachers Day** meeting held prior to the **Chiron Healing® Gathering** each year.
- Registration Fees are to be submitted within 14 days after conducting your **first fee-paying Chiron Healing® course** at a new level of qualification.
- Fees are to be paid in Australian currency and submitted to AESC at the address given below. All payments are processed by the IACHI Treasurer and a receipt will be issued.
- **ONLY** use this form to submit your Teacher Registration Fee(s). Please complete both pages.

TEACHER DETAILS

Name in full: _____

Address: _____

Town/City: _____ State: _____ Zip/Postcode: _____ Country: _____

Membership No. (if known): _____ Birth Date (DD/MM/YYYY): _____/_____/_____ Gender (optional): Male Female

Telephone (B/H): () _____ Telephone (A/H): () _____

Mobile: _____ Fax: () _____

E-mail: _____

FEES (AUD) (please tick all courses that you are paying for)

I wish to pay my Teacher Registration Fee for the following Chiron Healing® course(s):

<input type="checkbox"/>	Chiron Healing® Level 1	\$250
<input type="checkbox"/>	Chiron Healing® Level 2	\$250
<input type="checkbox"/>	Chiron Healing® Level 3	\$250
<input type="checkbox"/>	Chiron Healing® Level 4	\$250
<input type="checkbox"/>	Drugs & Addictions	\$100
<input type="checkbox"/>	Subtle Anatomy & Family Pattern	\$100
<input type="checkbox"/>	Chiron on Children	\$100
<input type="checkbox"/>	Pampering the Pattern	\$100
<input type="checkbox"/>	Essences of the Ancient Civilizations® Level 1	\$100
<input type="checkbox"/>	Essences of the Ancient Civilizations® Level 2	\$100
<input type="checkbox"/>	Essences of the Ancient Civilizations® Level 3	\$100
<input type="checkbox"/>	Chiron Healing® Gem Essences	\$100
<input type="checkbox"/>	Women's Workshop (Ancient Child - Woman - Crone)	\$100
<input type="checkbox"/>	Men's Workshop (Ancient Child - Warrior - Sage)	\$100
<input type="checkbox"/>	Chiron Healing® Relationships Workshop	\$100
<input type="checkbox"/>	The Chrono	\$100
<input type="checkbox"/>	Chrono Too	\$100
<input type="checkbox"/>	Chiron Classic (Triangle) Essences	\$100
<input type="checkbox"/>	Other <i>(please give details)</i>	

PAYMENT DETAILS (All payments in Australian currency. GST is not included – IACHI is not registered for GST)

Please make cheques / money orders payable to: "IACHI" or the "International Association of Chiron Healers Inc."

I wish to pay by:

- PayPal.** Please make payment to chiron.payments@gmail.com and reference your name and what the payment is for. Then send a copy of your PayPal receipt to AESC at aesc@iachi.com to advise of your payment.
- Cheque**
- Money Order**
- Visa**
- Mastercard**

Card No.: _____ Expiry Date: _____/_____/_____

Name on Card (print): _____

Signature: _____ CVV No. _____

PERMISSIONS (to be completed by all applicants)

Please tick one of the following boxes:

- I DO consent** to my name and contact details being published in the following IACHI documents:
 - Official IACHI website
 - Membership directory (when available)
 - Any other official public IACHI advertising or documents (as required)

OR

- I DO NOT consent** to my name and contact details being published in public IACHI documents:

DECLARATION (to be completed by all applicants)

Please tick the box(es) that apply:

- I **HAVE** paid all previous Teacher Registration Fees that apply to my qualifications.
- I **HAVE NOT** paid all previous Teacher Registration Fees that apply to my qualifications, and I have ticked the appropriate box(es) and included the fee(s) on this form.
- I **HAVE NOT** paid all previous Teacher Registration Fees that apply to my qualifications, and I wish to discuss a payment plan to bring my dues up to date.

Date: _____

(Signature of applicant)

Please Note:

Professional (Teacher) members of IACHI are required to maintain current financial membership and abide by the IACHI Teacher Agreement requirements to retain their Chiron Healing® Teacher qualification(s).

If your name and / or course dates appear on the official IACHI website, please ensure all details are correct and up to date. Thank you.

Send Completed Application Form and Payment To:

**AESC, 1002 Lydiard St. Nth.,
Ballarat Victoria 3350
Australia
E-mail: aesc@iachi.com**