

Application For Renewal Of Endorsement For CPD Course



All prices quoted are in Australian dollars and inclusive of GST

PROVIDER INFORMATION	
DATE:	
NAME:	
ORGANISATION:	
POSTAL ADDRESS:	
CONTACT PERSON:	
POSITION:	
PHONE:	
FAX:	
EMAIL:	
Is the organisation and/or course already endorsed?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
If 'Yes' please provide the name of the endorsing body/ies and the nature of the endorsement/s:	
COURSE INFORMATION	
COURSE TITLE:	
DATES:	
LOCATION:	

DECLARATION OF TERMS AND CONDITIONS

I, _____ declare that the course described herewith has not been altered in any way from the original Continuing Professional Development Course approved on /

I agree to be bound by the course endorsement terms and conditions and acknowledge the terms and use of the Osteopathy Australia logo. I have signed acceptance of Preservation of the Osteopathy Australia Trademark.

Applicant Signature _____

Date /

PAYMENT FORM/TAX INVOICE



This document will become a Tax Invoice for GST purposes on completion and payment.
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Osteopathy Australia
PO Box 5044, West Chatswood, NSW 1515
ABN: 15 004 336 556
Phone: (02) 9410 0099
Fax: (02) 9410 1699

Payment Details

Payment can be made by credit card, direct deposit or cheque*

**applications will not be processed until cheque has been cleared*

\$350.00 application fee per course

Number of applications:

Total:

Select Payment Method

Credit Card

Card No

Expiry date /

Card Holders Name

Signature _____

Direct Deposit

Date of direct deposit /

Osteopathy Australia Bank Account Details:

BSB: 062140
Account: 10493068
Bank: Commonwealth Bank Account
Acc. Name: Osteopathy Australia
Reference: Please use name of course