

Aura-Soma Colour Care System[®] Training

Course Enrolment Form

A Please enrol me in the Level _____ Course. Dates: _____

Name:

Phone: B) H) M)

Email:

Address:
..... Postcode:

B I enclose Cheque/Money Order for:

\$150 deposit with balance \$625 due 7 days prior to course commencement.

or Full payment of \$775

or \$700 'Early Bird' (Must be received in full 30 days prior to course commencement.)

Please make cheques and money orders payable to: **Coloured Universe**

Or charge my Mastercard Visa

Exp. Date _____

Name on Card _____

*For direct credit option please contact us on +61 3 9893 1029

C Signature _____

To enrol please complete the above form and either:

post it with your
cheque or credit
card details to:

Coloured Universe
19 Portsmouth Street,
Heathmont Vic 3135
Australia

or Fax it with
your credit card
details to:

+61 3 9893 1029