



REGISTRATION FORM

Please complete and return this form to the Exercise Medicine Research Institute:

Email: emricourses@ecu.edu.au

Fax: 08 6304 2499

Name:			DOB:		
ESSA Membership #:					
Address:					
City:		State:		Postcode:	
Phone:			Fax		
Mobile:			Email:		
Qualifications:					
			1		
		Online Modules + Practical Workshop		(Online Modules
ESSA Member		\$600		\$400	
ESSA Student Member		\$475		\$350	
Allied Health Professional		\$600		\$400	
Allied Health Student		\$475		\$350	
Other		\$600		\$400	
				All pri	ces include GST
Please follow the link to m https://payonline.ecu.edu.a KTSkj			a=F1BTdUIMWXd0	DKVd1MEJD	BVhTQnc8XUQbWEUxWgNB
OFFICE USE ONLY:					
Payment Amount:	ment Amount: Date of Payment:		Receipt Number:		Staff: