WALSH RESEARCH INSTITUTE
Better Health through Biochemistry

2018 BIO BALANCE MELBOURNE OUTREACH

bio-balance HEALTH

RENDEZVOUS HOTEL, 328 FLINDERS STREET, MELBOURNE

PATIENT REGISTRATION FORM

New Patient ☐ Returning Patient ☐

Patient's Name:_________________________________**Date of Birth:**____________________

Address:____

Phone/Mobile:____

Email:____

Carer's Name:____

Diagnosis/Reason for visit:____

____

I would like an appointment on: **NB: Public conference is on Sunday 18th March & therefore no consults.*

☐ **Saturday 17th March at _______am/pm**

☐ **Thursday 22nd March at___________am/pm**

☐ **Monday 19th March at _______am/pm**

☐ **Friday 23rd March April at___________am/pm**

☐ **Tuesday 20th March at ______am/pm**

☐ **Wednesday 21st March at _______am/pm**

How did you hear about the Outreach?

……………………………………………………………………

I would like an appointment with:

☐ **Dr. Nancy O'Hara** ☐ **Dr. Elizabeth Mumper** ☐ **Dr. Bill Walsh** ☐ **Dr. Judith Bowman**

& my Bio Balance Doctor: Dr____

I would like to pay for: **please note payment must be made in full at the time of booking.*

☐ **Patient Registration fee $650 (before 20/02/18)**

☐ **Please add another $10 to my credit card for 1 conference ticket on Sunday 18th March, 2018.**

NB: Each patient/parent is entitled to ONE $10 conference ticket only. Any additional tickets will be charged $75 each.

☐ *Please indicate the number of additional tickets required at the rate of $75 per ticket. This will be added to the total amount.*

Name on credit card:		
Type of card:	MASTERCARD or VISA ONLY	Total Amount: $
12 digit number	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	
Expiry date on card:	/	3 digit PIN on back: ☐☐☐

*Please email to: marnie@biobalance.org.au <u>or</u> fax this form to: 0755 384-599. Thank you ☺