



Registration Form- Name:.....

Address:.....

.....

Institution:

Phone:

Email:.....

UG.Student / Intern/ PG. Student/ Therapist (circle applicable)

Demand Draft number / Cash /Online transfer:

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Date:

Terms and Conditions:

- Demand draft in favour of “**AB HEALTHCARE**”, Payable at Bangalore.
- **Online transfer : AB HEALTHCARE, SYNDICATE bank a/c: 04293070004298, Attibele branch, IFSC CODE : SYN0000429 (current account)**
- Cancellation policy-Fees for course will not be refunded under any circumstances. However, a replacement candidate can be arranged by the participant in case of the participant’s inability to attend. **If Kinesio Taping India cancels the course due to lack of minimum number of participants or any other reason, the participant will be eligible for a complete refund of course fees.**
- All fees will be accepted in Cash/Online or DD form only.

I have read the above terms and conditions and wish to enroll for the said course.

Signature of participant