

## Food As Medicine External Study Course Enrolment Form

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_

Postcode \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Date \_\_\_\_\_

Qualifications \_\_\_\_\_  
\_\_\_\_\_

Relevant Experience \_\_\_\_\_  
\_\_\_\_\_

Total amount enclosed, including postage: \$685.00

Please make cheque or money order payable to Wu Tao Pty Ltd

**Mail your form to:**

Wu Tao Pty Ltd

179 Healy Road Hamilton Hill 6163 Western Australia