

Aqua Lymphatic Therapy – Tidhar Method

Training course in English for lymphedema therapists

June 17-23, 2012

REGISTRATION FORM

To attend this workshop, you must be a therapist certified to practice Combined Decongestive Therapy (CDT)(CLT).

Course location: Aldershot Pool, 50 Fairwood Place, Burlington, Ontario Canada

Please select ONE of the following registration options:

- Full (7 day) ALT Course registration fees \$930 + course material \$60: CAD \$ 990**
- 6 day ALT Course (for individuals who have already completed the measurement workshop with Dorit Tidhar and who do NOT wish to sit in for a review on June 17th): \$990 - \$95 = CAD \$ 895**
- Measurement Workshop ONLY (June 17th): CAD \$ 125**

Family name _____ First name _____

Address _____

City _____ Province _____ Zip / Postal code _____

CDT certification school: _____

Daytime phone _____ Email address _____

As space is limited (maximum 16), registrations will be accepted on a first-come, first-served basis.
A minimum of 13 participants is required for the course to take place.

REFUND POLICY: A handling fee of \$100 is deducted for cancellation (\$50 for those registering for the Measurement Workshop ONLY). Refund requests must be received by mail, email or fax prior to April 30th 2012. No refunds will be made thereafter, unless a replacement is found for the person cancelling.

AMOUNT ENCLOSED: _____

FORM OF PAYMENT:

Cheque, payable to: **Rachelle Wright**

Credit card: _Visa _ MC # _____ Expiry _____ Name _____

Payment is due at time of registration. **Registration is due no later than April 1st 2012.** Please send completed registration form with your payment to:

Rachelle Wright c/o Swelling Solutions, B-665 Belmont Ave. W., Kitchener, ON N2M 1N8

For further information, including suggested accommodations in the area, please contact:

Rachelle Wright Tel 519-749-0102 email: rachellewrightrmt@gmail.com

CANCELLATION POLICY

Registrant Cancellation/Refund for Course: If a registrant cancellation notice and refund request is received by the host, Rachelle Wright, in writing (by mail, email or by facsimile) by April 30th 2012, a refund will be issued less a \$100.00 handling and administration charge. No refunds will be offered if a cancellation notice and refund request is received after April 30th, 2012, unless a replacement is found for the person cancelling. Non-attendance without prior written notice of cancellation will incur the full registration fee.

Cancellation by the Host: The ALT course is being offered with the expectation that there will be at least twelve participants. The host reserves the right to cancel the Aqua Lymphatic Therapy certification course at any time if this minimum number cannot be reached. Further, the ALT certification course may be cancelled at any time (and upon short notice) in the event of force majeure, if the course presenters/staff have cancelled or are otherwise unable to give the course or upon the occurrence of any other unforeseeable event. In the event that the ALT course is cancelled for any reason, registrants shall only be entitled to a refund of any deposits and/or registration fees which have already been paid.

Limitation of Liability: The maximum financial liability to Rachelle Wright with respect to the Aqua Lymphatic Therapy certification course, whether as a result of cancellation thereof or otherwise, shall be limited only to the registration fees collected by her. For greater certainty, in no event shall the host be responsible for any additional costs, including non-refundable airline or hotel penalties, work days missed or for any additional damages (including indirect or consequential damages).

The host does not accept any responsibility or liability for personal injury or death of any person, or for any damage, loss or theft of personal belongings. By signing this agreement the registrant hereby waives all such claims against her.

The registrant will promptly compensate the City of Burlington for any damage to the facility or the property if such damage was caused by the actions of the registrant. The registrant will comply with all Federal and Provincial laws and Municipal by-laws, policies and resolutions.

I hereby affirm that I have read and fully understand the above.

Family Name _____ **First Name** _____

Address: _____ **Phone:** _____

Signature: _____

Date: _____