

REGISTRATION FORM

Group Program

***For costs & further inquiries: phone (02) 9743 1898
or email info@TheTotalLIFEDiet.com***

**To register, fax 02 9745 5121,
email shamala.ratnesar@TheTotalLIFEDiet.com
or mail the completed form to the address below**

Personal Details:

Name: _____

Address: _____

State: _____ Postcode: _____

Email: _____

Phone: _____ Fax: _____

I enclose full payment of _____ for 6 sessions / payment per session of _____ for the above program by cheque/money order/ credit card (please circle the appropriate one).
Please make cheque/money order payable to Shamala Ratnesar.

Please charge my:
MasterCard /Visa card

Name on card: _____

Amount: _____

Card No. _____

Signed: _____

Expiry Date: _____

**Shamala Ratnesar
The Total Life Diet Centre
PO Box 763, Strathfield NSW 2135**

Pay upfront and receive a FREE copy of The Omega-3 Life Program at the 1st session.

Pay per session and receive a FREE copy of The Omega-3 Life Program at the end of the program.

All clients can purchase The Omega-3 Diet Revolution for \$20.

PRIVATE HEALTH FUND REBATES ARE AVAILABLE

ABN: 17 142 139 397