

AROMAFLEX ACADEMY

PRIVATE TRAINING ESTABLISHMENT EST 1996
Development House, 1st Floor, 280-282 Trafalgar Street, Nelson
NZQA Accredited and Registered, IFPA Accredited, ITEC Accredited
TAX INVOICE - GST NO. 43-287-621

Student Name:

Date:

Student Address:

Telephone No:

Description	Student Fee
Administration Fee	\$ 150.00
Introduction to Reflexology	\$ 200.00
Advanced Certificate in Reflexology	\$ 900.00
Certificate in Clinical Reflexology	\$ 900.00
Diploma in Reflexology	\$ 900.00
Uniform	\$ 120.00
Examination Fees (including I.T.E.C)	\$ 600.00
Total Diploma of Reflexology Fees:	\$3770.00
	NB:*If paying by visa please add 5%

1. Please send with a 20% deposit (or full amount if applying within 2 weeks of course date) payable to Aromaflex Academy, Development House, 280 Trafalgar Street, Nelson, New Zealand with the attached remittance advice or show how payment is being made..
2. Full payment is due 3 weeks before you start the course. Failure to pay by the due date will result in a late fee of \$50.00.and if after a further two weeks the amount is still outstanding your enrolment will be cancelled. Cancellation of your enrolment does not guarantee a refund of deposit unless under special circumstances. Please enclose the attached remittance advice with your payment.
3. There may be other course related costs in addition to course fees – please refer to the Enrolment Brochure for further details.
4. **Please return this completed Tax Invoice with your application.**

AROMAFLEX ACADEMY

REMITTANCE ADVICE – STUDENT TO COMPLETE AND RETURN WITH DEPOSIT/COURSE FEES TO AROMAFLEX ACADEMY

Student Name:

E-mail address:

Telephone No:

Country of Residence:

Name of Course(s):

Course fee \$
Course related costs \$ _____

Total payable: \$ _____

I agree to pay my fees as set out in this invoice by the method indicated below:

Visa Cash/Cheque Student Loan Winz
(Please tick appropriate box)

Signed: Date:

If payment is to be made by Credit Card please complete details below:

Type of Card: Name on card
Card No: Expiry Date:
Amount: Signature:

Please return this completed Tax Invoice with your application.