



CHIP® REGISTRATION & EASY PAYMENT PLANS
(Coronary Health Improvement Project)



LiveSmart
healthy lifestyle solutions

If you have any questions, please call Kym Fowler on (08) 9458 2206 or 0417 900 187
You may register over the phone, or fill out this form (in BLOCK LETTERS) and return by:
Post: LiveSmart, 62 Hamilton St, Cannington WA 6107
Fax: (08) 9458 2207

Please enroll me for the following CHIP course:

- (tick which course) CHIP-6 (Feb 2007) CHIP-7 (May 2007) CHIP-8 (Sept 2007)
(tick which session) 10am -12:15pm 2 - 4:15pm 7 - 9:15pm

Title _____ Last Name _____ First Name _____

Preferred Name on Name Tag _____

Mailing Address _____

Suburb _____ State _____ Postcode _____

Phone: Home () _____ Work () _____

Mobile _____ Fax () _____

E-Mail _____

Date of Birth: Day _____ Month _____ Year _____ Male Female

Occupation: _____

Primary Doctor _____ Phone () _____

I heard about CHIP from: (please tick all that apply)

- Doctor Newspaper story Newspaper advert Direct Mail Westpac Bank
 Radio CHIP Graduate Letterbox Relative/Friend Diabetes Australia
 Other _____

In case of emergency please notify: Name _____

Phone () _____

Course Fee: (please tick)

Refunds can be requested up to 10 days prior to the commencement of the 1st HeartScreen, less an administration fee of \$50.

- \$995 full payment
 \$995 lay-by (a deposit of \$200 will confirm your enrollment, with remaining balance due before 1st HeartScreen)
 3, 6 or 12 month Easy Payment Plans (please also complete the other side of this form)

Method of Payment: (Only complete for full payment or lay-by. Easy Payment Plans are on the other side of this form)

- Cheque (payable to LiveSmart) Cash (do not send cash through the post!)
 Visa MasterCard

Please charge my credit card \$ _____

Card Number

Expiry Date ____/____/____ Name on Card _____

Signature _____

Office Use Only:

Payment Received ____/____/____ Cheque Cash Credit Received ____/____/____ Staff _____

Participant's signature (when CHIP Kit has been received) _____



EASY PAYMENT PLAN FOR CHIP®
 (Coronary Health Improvement Project)
 updated 1-11-06



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Please tick your preferred Easy Payment Plan:

(If none of these is suitable, please contact us to discuss a plan that would work for you)

3-Month Plan
 (\$30 extra)

I wish to pay in 3 instalments the total amount of \$ _____ as follows:

\$350

\$338

\$337

\$1025 total paid

6-Month Plan
 (\$70 extra)

I wish to pay in 6 instalments the total amount of \$ _____ as follows:

\$275

\$158

\$158

\$158

\$158

\$158

\$1065 total paid

12-Month Plan
 (\$175 extra)

I wish to pay in 12 instalments the total amount of \$ _____ as follows:

\$200 with booking

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 90 due 1st of month

\$ 70 due 1st of month

\$1170 total paid

(agreed dates)

Method of Payment:

Please charge my credit card monthly, as indicated, until paid in full:

- Visa MasterCard

Card Number

Expiry Date ____ / ____ Name on Card _____

Signature _____

Office Use Only:

Deposit Received ____/____/____ Cheque Cash Credit Received ____/____/____ Staff _____