



Bali International Spa Academy

57A Jalan Sekuta Sanur - Bali Indonesia 80228 Office

E-mail: [REDACTED] Web: www.balibisa.com : +62 361 281 289 Mobile : +62 811 3800 301

STUDENT REGISTRATION FORM

First Name : _____ Last Name : _____
 Start Date : _____ End Date : _____
 Date of Birth : _____ Passport No : _____
 Email : _____ Skype ID : _____
 Country: _____ Phone No : _____
 Address: _____

Level of Experience: Novice Practicing Therapist Management Others
 Do you require accommodation : Yes No, If yes what is your budget
 Do you require airport pickup service : Yes No
 Do you require visa assistance : Yes No

Code	Course Name	Fee	Start Date	End Date

TERMS AND CONDITIONS OF PAYMENT

1 Payment of Fees

Full payment to be made 30 days prior to course commencement or 50% deposit can be paid 60 days prior to course commencement. Balance on day of arrival at School.

2 Cancellation Policy

No refund for any cancellation

3 Postponement of Course

Postponement of a confirmed course date due to illness is permitted. All requests of postponement PRIOR TO COMMENCEMENT of course must be made in writing to Bali BISA. Approval for Postponement is at the sole discretion of the Institute.

4 Transfer Policy

Courses cannot be transferred to another person

5 Student Confirmed

On Receiving Registration form and Course Fees. The student is added to the Training Register.

6 No Cancellation Fees Apply once point 5 has been completed.

Note: Please prepare passport photo size 3x4 (2 for Bali BISA documents, another photo for the certificate based on the number of courses taken).

I acknowledge that I understand I am entering into a binding agreement with Bali International Spa Academy.

For Office Use Only

Name :

Date :

Invoice Sent

Invoice Paid

In Schedule

Registration No
