

Remittance Advice

I wish to pay for 5 classes - total \$75.00

I wish to pay for 10 classes – total \$135.00

Payment Type:

Credit Card

EFT

Credit Card Payment

Visa

MasterCard

Amex

Card Number: ____ / ____ / ____ / ____

Expiry Date: __/__/__

Name On Card: _____

EFT Payments

Account Name: Sydney Sports and Orthopaedic Physiotherapy Pty Ltd

BSB: 012 019

Account Number: 4910 41543

Please enter your initials and surname with the word 'Pilates' in the description, e.g. *Pilates AB Citizen*

PHYSIOTHERAPISTS MACQUARIE STREET

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BSc (ExSci), MPT, DPT, CSCS
Member APA, Member SMA

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MESSAGE THERAPIST MACQUARIE STREET

SIMON POXON

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Dip Rem Mass, DN certified
Dip Int Body Therapy, AMT