

LISTING FORM

www.scenaraustralia.org

Information about the SCENAR Therapist

Therapist name:		Family name:	
Company name:		ABN	
Contact phone:		e-mail:	
Are you a member of STAA?* Certified SCENAR Practitioner / Member / Associate Member / No			
*I have already applied for membership in STAA, but still haven't received my Certificate. Yes / No			
Are you a member of any other Associations? If so, please provide details:			
If you are an Associate STAA member, please provide the following information:			
Qualifications:	1. 2. 3. 4.		
Do you have or work with a Professional SCENAR device? Yes/No			
If yes, please specify the model			
Do you hold current First Aid Certificate? Yes/No		What is your current level of SCENAR training level? Level 1/ Level 2 / Level 3 / Master Class	

I declare that the information above is correct and true

SCENAR Therapist signature _____ Date: _____

Information to be published at www.scenaraustralia.org and sub-sites

Company name:		Company name:	
Address:		Address:	
State and Post code		State and Post code	
Telephone:		Telephone:	
e-mail:		e-mail:	
web site:		web site:	
SCENAR Therapist:		SCENAR Therapist:	
STAA membership:		STAA membership:	

I would like the above information to be published at www.scenaraustralia.org and sub-sites

SCENAR Therapists signature _____ Date: _____

For more information, please contact Elly – etomova@ritmscenar.com.au, tel: 02 9439 1930