

**Vestibular Rehabilitation Training NZ Presents:**  
**Vestibular Rehabilitation- An Introductory Course**

**Tutors:** Anne Burston MHealSc (Rehab) MPNZ & Carole Rogers MPNZ

**Course Dates:** 27<sup>th</sup> & 28<sup>th</sup> June 2026

**Times:** Day 1- 9.00am to 5.00 pm with registration from 8.40am, Day 2- 9.00am to 4.00pm

**Venue:** Willis Street Physiotherapy, Level 9, Findex House, 57 Willis Street, Wellington

Name	
Work Address	
Contact Ph Numbers: Work  Personal Cell phone	
Email address	

**Registration:** Please return form to Anne Burston at [kapitidizzinessandbalance@gmail.com](mailto:kapitidizzinessandbalance@gmail.com)

**Cost:** \$675 per person Early bird rate \$595 if paid **before** 23<sup>rd</sup> May 2026 (strictly adhered to)

**Book early to avoid disappointment-** spaces are strictly limited to 18 people. Registration is secured by payment on a first come first served basis.

**Payment to; "Vestibular Rehabilitation Training NZ"**

**Internet payment to: 06-0265-0652805-00**

**PTO**

**Please read and then sign to confirm you understand:**

This is a practical course & I will be expected to participate in demonstrations and assessments. (e.g. Dix Hallpike Test, Modified Epley manoeuvres etc.) It is my responsibility to inform the tutors of any conditions that could be adversely affected by taking part such as whip lash, vertebral artery insufficiency or vestibular problems etc.

Course material is the property of the tutors & is for participant's personal use only.

If giving course feedback/ in services, reference to the tutors must be given.

The organizers reserve the right to cancel the course should insufficient numbers be registered, in which case participants will be given a full refund of the registration fee.

Cancellation by a participant will incur a \$30 fee. If the place can then be filled, a full refund (minus the cancellation fee) will be provided. No refund will be given if the course is not full.

**I have read & accept the above terms. Please circle Yes/No**

**I am a registered Physiotherapist. Please circle Yes/No**

Name: .....

Date: .....