

COURSE DETAILS (Indicate which courses you wish to attend and the relevant dates)	
Name of course:	
Course date(s):	

WHO WILL ATTEND (Please use more than 1 form for 2+ participants or different courses)		
	Participant 1	Participant 2
First Name:		
Surname:		
Email:		
Position(s):		
Special Dietary Requirements:		

APPROVED BY (Please print name)		
Name:		Phone: ()
Position:		Fax: ()
Organisation:		E-mail:
Signature:		
Postal Address for Accounts:		
		Post code:

COURSE FEES (Course fees include lunch, morning & afternoon teas, course manuals & 1 car parking space)				
Course Fee	x	No. of Attendees	=	Amount Due
\$	x		=	\$ (Including GST)
Parking Fee	x	No. of car spaces	=	Amount Due
\$7.70 per day*	x		=	\$ (Including GST)

* One car parking space is complimentary. Additional parks are available at \$7.70 per car per day *

METHOD OF PAYMENT													
<input type="checkbox"/>	Please invoice our organisation.												
<input type="checkbox"/>	Please debit my credit card												
<input type="checkbox"/>	Bankcard <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard												
<input type="checkbox"/>	<table border="0"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>Expiry:</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	Name on Card: _____												
<input type="checkbox"/>	Cardholders signature: _____												

CANCELLATIONS / REFUNDS
We require 10 days notice of cancellation. Substitute participants are welcome at any time. Regrettably, no refunds can be made less than 5 days prior to a course commencing. Payment must be received prior to the workshop commencing.

OFFICE USE ONLY			
Submitted:	Date:	Invoice no:	Invoice Date: