

Send this form back by
Fax: 02 9313 6282
or **Email: admin@amcansw.com.au**



**Training Course Registration Form
(General)**



Course Name: _____ **Date:** _____

Contact Details

Contact Name: _____ **Company Name:** _____ **Phone:** _____

Member? Yes No

Postal Address: _____

Cancellation Policy: Notice of one week must be given, or full fee will be charged. Substitutions are permitted and encouraged.

Participants

Name:	Mobile:	Prior Experience? (Y/N)

Payments (Bookings for Non-Members will not be processed unless details provided)

Card Type: Visa * MasterCard * Amex * Diners *

Card Number:

Expiry: / Cost: _____
(inc 10%GST)

Security Number: Signature: _____

Name on Card: _____

* attracts additional 3.5% processing charge.
NOTE: Receipted Tax Invoices will be issued to Non-Members on course completion.