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**Fax: 02 9869 3166**  
 or **Email: admin@amcansw.com.au**



**Training Course Registration Form  
 (General)**



**Course Name:** \_\_\_\_\_ **Date of Training:** \_\_\_\_\_

**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**

<b>Name:</b>	<b>Mobile:</b>	<b>Prior Experience? (Y/N)</b>

**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.