

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 1.5% processing charge. **attracts additional 3% processing charge.
NOTE: Receipted Tax Invoices will be issued to Non-Members on course completion.