

APA Training Registration Form

Print out and fax back your registration form to Dee Read on 02 9281 1073.

Name of Workshop:

(Please indicate clearly which workshop you are booking for)

Date of

Workshop: _____

City: _____

Cost: (GST inclusive) _____

Participant's Name:

Email: _____

Current Position:

Company:

Address:

Phone: _____

Fax: _____

Form of Payment:

Cheque:

Invoice:

Credit card:

AMEX Bankcard

Diners Visa

Mastercard

Name as it appears on card:

Card Number:

_____/_____/_____/____

Expiry Date: ____/____

Cardholder's Signature:

Please state contact person for tax receipt/invoice:

Please advise us of any special dietary or access requirements.

Additional participants:

I have read and understood the cancellation and refund policy (please tick)

Please give a brief indication of what you are expecting from this course. (This will be passed on to the presenter):