

Training Registration Form

Attn: Training Coordinator
Phone : 02 9241 1344
Fax: 02 8007 6099
Email: training@inconsult.com.au

COURSE NAME: _____ COURSE DATE: _____

DELEGATES ATTENDING :

Name	Position	Email Address

COMPANY DETAILS

Company Name: _____

Company Address: _____

Phone No: _____

Amount Payable : 20% discount for 2 or more people from same organisation

Cheque to InConsult Pty Ltd. Please mail to P.O. Box R653 Royal Exchange NSW 1225

VISA or MASTERCARD

Card Number:

Expiry Date:

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Name on Card (please print): _____

Signature of Cardholder: _____ Date: _____

CANCELLATION POLICY

In the event you are unable to attend this course, a replacement delegate may be sent in your place. Should you wish to cancel your registration we will refund your registration fee less an administration fee of \$50 per delegate, providing we receive the cancellation in writing by email, fax or letter at least 10 working days before the course date. This document will be a tax invoice for GST purposes when fully completed and payment made. InConsult reserves the right to reschedule training.