

REGISTRATION FORM

RETURN VIA FAX: 02 6247 7690

TODAY'S DATE: _____

ORGANISATION NAME: _____

CONTACT NAME: _____

PHONE: _____

FAX: _____

EMAIL: _____

POSTAL ADDRESS: _____

FURTHER INFORMATION

PHONE. 02 6230 0266

FAX. 02 6247 7690

EMAIL. TRAIN@MCMILLAN.NET.AU

POST. PO Box 140, CIVIC SQUARE, ACT, 2608

COURSE DETAILS

COURSE NAME: _____

COURSE DATE/S: _____

NAMES OF PARTICIPANTS

TITLE/POSITION

EMAIL

1. _____

2. _____

3. _____

4. _____

5. _____

PLEASE SPECIFY ANY SPECIAL NEEDS AND/OR DIETARY REQUIREMENTS

PAYMENT METHOD

PAYMENT IN FULL REQUIRED ON REGISTRATION (REGISTRATION IS NOT CONFIRMED WITHOUT PAYMENT)

<input type="checkbox"/> CREDIT CARD	VISA MASTERCARD AMEX DINERS CLUB BANKCARD	AMOUNT \$
NAME ON CARD		SIGNATURE
CARD NUMBER		
EXPIRY		

<input type="checkbox"/> EFT*	ACCOUNT NAME: MCMILLAN STAFF DEVELOPMENT	ACCOUNT NUMBER: 893150451	BSB: 082-945
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<input type="checkbox"/> CHEQUE	MADE PAYABLE TO MCMILLAN STAFF DEVELOPMENT
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* PLEASE EMAIL REMITTANCE ADVICE TO ACCOUNTS@MCMILLAN.NET.AU

**DISCOUNTS AVAILABLE FOR GROUPS OF TEN OR MORE FROM THE SAME ORGANISATION
NO REFUNDS ARE AVAILABLE FOR CANCELLATIONS WITHIN 7 WORKING DAYS OF THE COURSE**