REGISTRATION FORM

TO REGISTER FOR ALL COURSES PHOTOCOPY AND COMPLETE THIS FORM. YOUR BOOKING WILL BE ACKNOWLEDGED IN WRITING.

PART 1

Please print clearly – in BLOCK LETTERS

Contact Name _____ Position _____

(Course booking confirmation and Tax Invoice will be sent to this person)

Company Name _____ Membership Number _____

Postal Address _____

_____

_____ Postcode _____

Telephone _____ Fax _____

E-mail _____ Mobile _____

How did you hear about AFEI Training? _____

PART 2

The following conditions apply:

- Payment is required with registration prior to the commencement date of the course
- Cancellations or transfers must be in writing at least (7) days prior to the commencement date of the course
- Cancellations or transfers within (7) days of the commencement date of the course will not be refunded
- A substitute delegate may be nominated at any time
- Courses may be cancelled by AFEI if there are insufficient registrations
- If a course participant misses any day of a course the day may be made up at a later course at a pro-rata course fee.

A refund will not be issued for:

- A change in work hours or work commitments
- Inconvenience of travel to the course
- Non attendance at the course
- Leaving the course early or not finishing the course

AFEI cannot accept any responsibility for any changes in personal circumstances or work commitments.

I have read and agree to the above conditions of registration

Sign _____ Print Name _____

PART 3

COURSE NAME	BOOKING ID	DATE	PARTICIPANTS NAME	POSITION	FEE

Computer Courses – If you are booking a computer course, what version are you using _____

Certificate Level Courses – If you are booking this course as part of a Certificate Level Course, which Certificate Course are you doing? _____

PART 4

1. ☐ Please find enclosed a cheque for $ _____ (payable to AFEI)
2. ☐ Please debit my ☐Bankcard ☐Visa ☐Diners ☐Mastercard ☐Amex (Amex 3 or 4 digit code required) ☐☐☐☐

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date Of Card: / /

Cardholder's Name _____ Cardholder's Signature _____

3. ☐ Please Invoice

PART 5

RETURN THIS FORM WITH PAYMENT TO

By Mail: AFEI Training, PO Box A233, Sydney South NSW 1235
By Fax: (02) 9264 5699

Have you considered easy online registration?

www.afei.org.au/training

PRIVACY POLICY: The information collected on the registration form is for the purpose of processing your registration for the course, keeping you informed of services we offer and to assist us to improve services we provide to you. The information collected is confidential and is not released to a third party.