



Course/Service Required: _____

Name: _____

Company/Organisation: _____

Position: _____ **Member Number:** _____

Phone: _____ **Fax:** _____

Email: _____

Street Address: _____

Date/s Requested: _____

Location/Venue of Course: _____

Standard or Customised Course: _____

Number of Anticipated Participants/Background: _____

Expectations of the course: _____

Further Relevant Information: _____

**PLEASE FAX THIS FORM TO (02) 9267 9597.
YOU WILL BE CONTACTED TO DISCUSS YOUR ENQUIRY.**