



COURSE BOOKING FORM

Please photocopy this form for multiple bookings

WHO WILL ATTEND (Please list additional participants on a separate sheet) **PLEASE PRINT**

Mr/Mrs/Ms Surname: _____

Preferred first name: _____

Position: _____

Company: _____

Company Address: _____

Fax: () Phone: [W] () Mobile: _____

EMAIL Address _____

Authorising Officer (if applicable) Officer's Position: _____

COURSE NAME:

Course commencement date: / /

No of participants @ \$ per person = \$

If you have a special requirement i.e. disability, religious, learning, literacy, numeracy, etc please specify or contact AUS-MEAT to discuss support services.

A 50% cancellation fee will apply on cancellations received less than ten (10) working days prior to the course. No refunds are given for cancellations received less than five (5) working days prior to the course.

PAYMENT DETAILS: (PAYMENT REQUIRED PRIOR TO ATTENDING)

Total payable (make cheque payable to AUS-MEAT Limited) _____

Cheque Enclosed Bankcard MasterCard Visa AMEX

Card Number: _____

Name of Credit Card: _____ Card Expiry Date: _____

Cardholder's Signature: _____