

REGISTRATION FORM

Course/Seminar/Workshop:
Location
City/Suburb/Town: Venue:
Commencement Date:
Surname:
First Name:
Organisation/Business Name: (if applicable)
Position/Title:
Postal Address:
City: State: Post Code:
Contact Numbers:
Signature of Applicant:
PAYMENT DETAILS
Cheque/Money order enclosed \$, payable to Wyndham Price.
On receipt of a completed registration form and payment, a confirmation letter and receipt will be forwarded.
The following question is for marketing purposes:
How did you find out about this course?
☐ Word of mouth ☐ Advertisement ☐ Website ☐ Mail Out ☐ Other