

Registration Form

Tax Invoice

ABN 45 000 062 288

Personal Details

First Name: Surname:

Organisation: Position:

Address to send receipt:

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Mobile:

Email address:

Course Details

Name of course:

Date/s: Venue:

Special dietary requirements, if applicable:

Cost including GST: \$

Payment Details

Method: Credit Card Cheque (Made out to The Spastic Centre)

Name on card:

Credit card type: MasterCard Visa American Express

Credit card number: Expiry date: /

Cardholder's Signature:

Please note this form becomes a tax invoice upon payment. Please keep a copy for your records.

All course costs include GST.

Please complete and send to:

Admin Assistant - action PACT Learning, PO Box 184, Brookvale, NSW 2100

OR

fax to 02 9479 7291