

Registration Form

ABN: 98 651 609 161

One registration form to be filled out per attendee

To confirm your place complete this form and include payment, or fax to (08) 9221 3631 if paying by credit card.

Mail to: Centrecare Corporate
456 Hay Street
Perth WA 6000

PERSONAL DETAILS (BLOCK LETTERS please)

Mr Mrs Ms

First Name: _____ Last Name: _____

Position: _____

Organisation: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone: _____ Fax: _____

Email: _____

TRAINING DETAILS

Course Code: _____ Amount: _____

Course Code: _____ Amount: _____

Course Code: _____ Amount: _____

TOTAL: _____

PAYMENT DETAILS (All rates include GST)

No. of People _____ Amount _____

Cheque payable to Centrecare Corporate

Credit Card: Visa Mastercard

Card No:

Expiry Date: /

Cardholder Name: _____

Cardholder Signature: _____

Invoice Request (organisations only)
Purchase Order must be attached

This registration form becomes a Tax Invoice for GST purposes when fully completed and you make a payment.

Centrecare Corporate respects your privacy. The personal information collected on this form is used to secure your involvement in the workshop; it will not be shared with any other organisation. Please tick if you **do not** wish to receive further information and promotional material from Centrecare Corporate/ACCESS Programs.

Office use only: Date Rec _____

Rec No _____