BIA Education & Training

COURSE REGISTRATION FORM

Please register by faxing this form to BIA (02) 9439 3983, or email to corrina@bia.org.au

Photocopy and use this form as many times as you need

I would like to attend the following course *(please complete with course details)*:

Course Title .....

Date of course: .....

Venue: .....

Your Company name

Are you a BIA Member ☐ **NO** ☐ **YES**

Name of attendee/s

1..... 2.....

3..... 4.....

5..... 6.....

Total amount payable: $.....

I am paying by ☐ Cheque payable to BIA NSW Ltd (post to BIA NSW, PO Box 1204, Crows Nest NSW 1585)
☐ Credit Card (fax to (02) 9439 3983)

Please charge my ☐ Visa ☐ Mastercard ☐ AMEX

Card holders name: .....

Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry date: _ _ / _ _ Signed:

Send tax receipt to:

Name: E-mail:

Address: Phone:

Mobile:

State: Postcode:

Your registration will be confirmed by e-mail once payment has been received in full

Cancellation policy: If you are unable to attend a course, you must notify in writing seven working days before the course, to corrina@bia.org.au While we try to accommodate transferring you to another course date, if your non-attendance results in the cancellation of the course due to lack of numbers, this will result in the fee being forfeited.

Office use only:

☐ Registered: ..... (date) ☐ Payment: .....(date)

☐ Confirmed: .....(date) Invoice #:.....

Total: .....

Code: WS022010