

TRAINING REGISTRATION FORM

COURSE TITLE			
INDUSTRY EXPERIENCE			
COURSE DATE		COURSE ID	
NAME OF APPLICANT <i>Please print clearly for certificate</i>		(First Name)	(Last Name)
CONTACT N°			
JOB TITLE (IF RELEVANT)			
NAME OF ORGANISATION			
<p>To get the most out of your session, please let us know any requirements that you may have. e.g. large print.</p>			

PLEASE SEND COMPLETED APPLICATION BY POST, FAX OR EMAIL TO:

INTERACTIVE PRODUCTS
FACTORY 10, 25 CONQUEST WAY,
HALLAM, VIC 3803

PHONE: 03 9702-4173 EMAIL: <mailto:info@itpg.com.au> FAX: 03 9702-3636

CANCELLATION: 48 hours notice must be given.