

MANUAL ENROLMENT INVOICE REQUEST FORM

Event Training Australia
0409 409 637
admin@eventtrainingaustralia.com.au
ABN 279 304 101 03



COMPANY NAME _____

COMPANY ABN _____

COMPANY ADDRESS _____

PURCHASE ORDER NO. _____ (If Applicable)

INVOICE AMOUNT \$ _____

Please note: Authorisation must be provided by a company director, manager or financial officer. The authoriser cannot be the participant enrolling in the course.

AUTHORISER'S NAME _____

AUTHORISER'S POSITION _____

AUTHORISER'S SIGNATURE _____

DR MR MRS MS MISS

PARTICIPANT NAME _____

PARTICIPANT POSITION _____

COURSE NAME _____

COURSE DATE _____

COURSE FEE _____

EMAIL ADDRESS _____

POSTAL ADDRESS _____

CONTACT TELEPHONE _____

DIETARY/SPECIAL REQ _____

Please allow up to 10 working days for your invoice to be raised. By submitting this enrolment request you are confirming that you have read and understood the cancellation and privacy conditions associated with Event Training Australia's short courses provided on its website. **This form is to be emailed to admin@eventtrainingaustralia.com.au.** Please direct questions to Dr Rob Harris on 0409409637.