**REGISTRATION FORM**

|  |  |
| --- | --- |
| Program title: |  |
| Program date: |  |
| Time: |  |
| Location: |  |
| Facilitated by: | Peggy Chiu, MCC, MSW |
| Investment: | **$** plus 10% GST **($** **)** = Total **$** payable in full 7 days prior to commencement.  Fees include face to face training day training, workbook and materials, refreshments, lunch and group follow-up. ***50% deposit required to confirm your space.*** |
| Registration and cancellation terms Participants who are unable to attend may nominate a substitute at any time. Any cancellations received 5 working days or less prior to the program commencement date are subject to the full program fee. Participants will receive a formal confirmation with venue details a week prior to the event. | |

# Company / organisation information

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | Contact person: |  |
| Address: |  | Job title: |  |
| Suburb / City: |  | Telephone: |  |
| State: |  | Fax: |  |
| Post code: |  | Email: |  |

# Participant details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: |  | | Family name: |  |
| Job title / role: |  | | | |
| Address: |  | | | |
| Telephone: |  | | Mobile: |  |
| E-mail: |  | | Fax: |  |
| Special dietary requirements: | |  | | |

# Payment details

Bankcard  MasterCard  VISA  Cheque (*Make cheques payable to* ***“W C Chiu Pty Ltd”***) ABN 71 057 852 347

***I authorise W C Chiu Pty Ltd to charge my credit card the total amount of $*** ***(GST inclusive).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Card holder’s name: |  | | Expiry date: |  |
| Card number: |  |  | | |
| Signature: **X** |  |  | | |