**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 termsParticipants 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** |       |  |