



Information Enterprises Australia Pty Ltd  
TRAINING SERVICES

**TAX INVOICE ABN 36441337143**

**TRAINING COURSE REGISTRATION FORM**  
Complete and Fax to: (08) 9335 2544

**COURSE REGISTRATION DETAILS**

| Course Code               | Course Date | COST INC<br>GST | Name of Attendee | Attendee<br>Requirements** |
|---------------------------|-------------|-----------------|------------------|----------------------------|
|                           |             |                 |                  |                            |
|                           |             |                 |                  |                            |
|                           |             |                 |                  |                            |
|                           |             |                 |                  |                            |
|                           |             |                 |                  |                            |
| <b>TOTAL COST INC GST</b> |             |                 |                  |                            |

\*\*Attendee Requirements refers to the attendee's needs during the training course e.g. dietary, access, communication. Please contact our Training Services to discuss particular requirements on (08) 9335 2533.

**ORGANISATION DETAILS**

Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Telephone No: \_\_\_\_\_

Signature of Authorised Person: \_\_\_\_\_

**NON ATTENDANCE AND POSTPONEMENT POLICY**

- Substitutes may attend if the participant registered cannot attend the course. Contact Training Services on (08) 9335 2533
- No refunds will be given on cancellations received less than 5 working days prior to the course date.
- IEA reserves the right to postpone a training course if the minimum number of participants has not been reached or if faced with unforeseen circumstances. If any participants are registered they will be transferred to the next available course date and IEA will notify the organisation's contact. If the substitute date is not acceptable, a full refund will be provided.

**METHOD OF PAYMENT**

Please indicate Purchase Order Number: \_\_\_\_\_

Please tick if you require an INVOICE to the contact name and organisation as above:

|  |                     |                         |
|--|---------------------|-------------------------|
| Please tick Credit Card:<br>MasterCard: <input type="checkbox"/><br>Visa: <input type="checkbox"/> | Card No: _____      | Expiry: _____           |
|  | Name on card: _____ | 3 digit code ***: _____ |
|  | Signature: _____    | Date: _____             |

\*\*\* The 3 digit code can be found on the back of the credit card and is needed by the merchant bank for processing of payments.

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