

Julie Gordon - 0411 485 961

## INTRODUCTION COURSE ORDER FORM

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE (AH): \_\_\_\_\_ (BH): \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

**PLEASE INDICATE WHERE YOU HEARD ABOUT OUR COLLEGE:**

Word of Mouth  Yellow Pages  Internet  Newspaper  Expo   
Magazine  Other  (please specify) \_\_\_\_\_

**PLEASE ✓ ONE OF THE FOLLOWING:**

- I am paying in person via cash.
- I am paying by Cheque. Please allow 10 working days for clearance.
- I am paying by Credit card. Please note we only accept Visa or MasterCard.

**CREDIT CARD AUTHORITY (if applicable)**

Please charge my VISA/MASTERCARD account

No

Expiry: ..... Amount..... Signature.....

**Office Use only**

Processed by .....

Dated .....