

ADVANCE TEACHER TRAINING WORKSHOPS

TAX INVOICE - REGISTRATION FORM

ABN 78110497491

NAMES _____

SCHOOL _____ SCHOOL ADDRESS _____ STATE _____

POST CODE _____ SCHOOL PHONE [] _____ SCHOOL FAX [] _____

HOMEPHONE/MOBILE _____ EMAIL _____

Confirmation will be sent via email

Course Date	No.Attending	Course Title	GST	COST
TOTAL				

School Payment:

CHEQUE: Please use this form as a tax invoice and post with cheque

OR

ELECTRONIC FUNDS TRANSFER: BSB: 610-101 ACCOUNT: 070989787

ADELAIDE BANK, 169 PIRIE ST, ADELAIDE, 5000 SA – **Please fax/email EFT advice**

CREDIT CARD PAYMENT – Please tick the appropriate box school card personal card

VISA MASTERCARD Expiry date: _____/_____/_____

Card Number

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Full name as it appears on the card _____ Signature _____

Course Terms & Conditions

CONFIRMATION and receipts will be sent via email. **Any withdrawals less than 14 days before the course will be charged the full fee.** Prior to that, money will be refunded, less a 15% handling fee.

MARGARET MENNER: ADVANCE TEACHER TRAINING

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