

To: InConsult
Fax: 02 8007 6099
Attn: Training Coordinator

InConsult Pty Ltd
L3, 66 King St Sydney NSW 2000
Phone : 02 9241 1344

ABN: 48 100 759 984
Email: training@inconsult.com.au

COURSE NAME

COURSE DATE

DELEGATES ATTENDING

Name	Position	Email

COMPANY DETAILS

Company Name:

Company Address:

Phone No:

AMOUNT PAYABLE

10% discount for 2 or more people from same organisation

METHOD OF PAYMENT

Cheque to InConsult Pty Ltd. Please mail to P.O. Box R653 Royal Exchange NSW 1225

VISA or MASTERCARD

Card No.

Expiry Date:

Name on Card (please print):

Signature of Cardholder:

Date:

CANCELLATION POLICY

In the event you are unable to attend this course, a replacement delegate may be sent in your place. Should you wish to cancel your registration we will refund your registration fee less an administration fee of \$50 per delegate, providing we receive the cancellation in writing by email, fax or letter at least 10 working days before the course date. This document will be a tax invoice for GST purposes when fully completed and payment made. InConsult reserves the right to reschedule training.