

STUDY GROUP II - REGISTRATION FORM

Today's date:			
DELEGATE INFORMATION			
Delegate's last name:		First:	Middle:
		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	
Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Phone no.:
			()
P.O. box:	City:	State:	Postcode:
Speciality:	Email:	Mobile no.:	
		()	

PACKAGES / FEES		
Course Fee	AUS \$ 50.00	<input type="checkbox"/>
Credit Card surcharge of Visa 1.50% + GST and Amex 2.50% + GST	Course Fee Credit Card Surcharge Total Fees & Charges AUS \$	 \$ =====

CREDIT CARD DETAILS				
CARD:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Other			
NAME ON CARD:				
CARD NUMBER: _ _ _ _ _				
EXPIRY: _ _ / _ _				
CVC/SECURITY NUMBER: _ _ _ _				
CARD HOLDER SIGNATURE _____ DATE _____				