

# Quality Learning Seminar Registration Form, Newcastle 17 to 20 April 2012



Please provide a separate form for each person attending

## Who are you?

Name \_\_\_\_\_ Date \_\_\_\_\_

Organisation / School \_\_\_\_\_ Position / Role \_\_\_\_\_

*Please provide details of your preferred mailing address; school/business or home*

### School / Business Address

### OR Home Address

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Fax \_\_\_\_\_

Home Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Work Email \_\_\_\_\_

Home Email \_\_\_\_\_

## Seminar Details

City	Dates	Fee (per person)
Newcastle	Tuesday 17 - Friday 20 April 2012	\$ 1,150.00 = \$ _____
	<b>Price includes GST</b>	<b>TOTAL \$ _____</b>

## How would you like to pay?

- Please find a CHEQUE enclosed for full payment to **Quality Learning Australia Pty Ltd**
- Please INVOICE the above address for the full amount. (Purchase Order Number \_\_\_\_\_ where available)
- Please charge the full amount to my CREDIT CARD as follows – MasterCard/Visa (circle one)

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Please send your completed registration form to:  
Quality Learning Australia, PO Box 624, North Melbourne, VIC 3051  
(Phone enquiries to 03 9370 9944)  
**FAX to 03 9370 9955**