

intech

Graphic Arts Trainers and Consultants

ABN 48 010 844 612

www.intechaustralia.com.au

ENROLMENT FORM

Please complete the following details and forward form and payment details to the address below.

Please enrol the following person(s) in the course(s) below:

Preferred First Name: _____ Surname: _____ Title: _____

Preferred First Name: _____ Surname: _____ Title: _____

Venue: Bris Syd Canb Melb Adel Cairns Overseas

Course No: _____ Course Title: _____ * Preferred Date: _____

Course No: _____ Course Title: _____ * Preferred Date: _____

Payment Options –

[] Please invoice me

[] My cheque made payable to **Intech Australia Pty Ltd** is enclosed

[] Please charge \$ _____ to the following credit card **Mastercard** **Visa**

Card No: _____ - _____ - _____ - _____

Expiry date: ____ / ____

Name on card: _____

Signature: _____

Signed: _____ Date: _____

Company: _____

Address: _____

_____ Post Code: _____

Tel No: _____ Fax No: _____ Mobile: _____

e-mail address: _____

* Minimum and maximum numbers of participants are required for each course. Every endeavour will be made to meet your requirements. In the event of the course being over or under subscribed we will contact you to discuss alternative dates.

Forward completed forms and payment to:

The General Manager
Intech Australia Pty Ltd
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VIRGINIA QLD 4014 AUSTRALIA

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