

intech

Graphic Arts Trainers and Consultants
ABN 48 010 844 612

ENROLMENT FORM

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

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

Preferred First Name: _____ Surname: _____ Title: _____

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: _____

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

Our cheques for \$ _____ made payable to **INTECH AUSTRALIA PTY LTD** is enclosed.

Signed: _____ Date: _____

Company: _____

Address: _____

_____ Post Code: _____

Fax Number: _____ Telephone Number: _____

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.

ACCOMMODATION

If accommodation is required please contact The General Manager on (07) 3360 1145 who will provide details of local motel/hotel, approximate rates and charges.

Forward completed forms and payment to:

**The General Manager
Intech Australia Pty Ltd
PO Box 5
VIRGINIA QLD 4014 AUSTRALIA**

**Telephone: (07) 3360 1145
Fax: (07) 3360 1119
e-mail: gbender@inprint.net.au**

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