



Course Title: _____

Course Location: _____ Course Date: _____

Last Name: _____ First Name: _____

Preferred Name on Name Tag: _____

Organisation: _____ Position: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

Dietary Requirements: _____

Special Requirements: _____

REGISTRATION FEE: ■ \$499 including GST

This form will be a tax invoice for GST purposes when completed and payment is made.

Direct Deposit
BSB No: 062 238
Account No: 1012 6316
Account Name: Lorraine M Poulos & Associates
Amount: \$
Include name of attendees in payment description

Credit Card
<div style="display: flex; justify-content: space-around;"> Visa Master Card </div>
Card No: _____
Expiry Date: _____
Card Holder Name: _____
Amount: \$
Signature: _____

Cheque
Payable to Lorraine M Poulos & Associates Mail with registration form to: <i>42 Eastern Avenue, Dover Heights NSW 2030</i>

Contact:
Lorraine Poulos email: admin@lorrainepoulos.com.au www.lorrainepoulos.com.au 02 9337 2337 0425 214 792

Terms & Conditions:

1. Registration is guaranteed upon receipt of full payment.
2. Full payment must be received 2 working days prior to the commencement of the course (unless otherwise agreed).
3. LPA reserves the right to cancel or re-schedule courses with 7 days notice. Fees can be refunded or held in credit towards the next available course.
4. Cancellations made less than 3 weeks prior to the training date may incur a 50% fee.
5. Cancellations made 24 hours or less prior to the training date may incur a 100% fee.

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 signature