

Enrolment Form



OFFER OF SERVICE AGREEMENT

(Please sign and indicate payment method to confirm your training requirement)

Client: _____ **Your-Business ABN:** _____

Payment to PO Box 3439 Dural 2158 before the starting day of the course by **Cheque**

Or


direct to **BSB Number 802-184 Account Number 71955**, Encompass Credit Union. **Direct**

Course Cost Agreement: \$627.00

Acceptance of Proposal For:

- **Please attend on time as there will be no admittance to classroom after 8:00am**

Handsignaller Level 1 & 2 Course conducted at SCRT-Training Centre - CHULLORA NSW
07:45am on _____

Authorising Officer	Names of those attending	
Name: _____ Date: _____	1	
Title: _____	2	
Signature: _____	3	
Postal Address: _____	4	
P/code: _____	5	
Phone: _____ Fax: _____	6	
Enrolment: Please Supply <u>Cheque/Cash or an Order</u> for this Training to the address below.	7	
NOTE: Payment is Due on or before the Starting Date of the course, unless prior arrangements have been made.	8	
<i>Names</i> of those attending must be confirmed on agreement to this proposal	9	
Your Order No: _____	10	
Maurice Johnson Manager Training Services Ph: 02 9708 5980.	11	
Please Fax to 02 9708 5801 or mail to PO Box 3439 Dural	12	