

Manual Registration Form



CONTRACT CONTROL
INTERNATIONAL

To register please return your completed registration form by email to trainingco@ccintl.com.au

PUBLIC COURSE DETAILS

Course Name: _____

Course Dates: _____ Course Location: _____

CONTACT DETAILS

Company Name: _____ ABN: _____ Contact Name: _____

Company Postal Address: _____

Contact No.: _____ Contact Email: _____

PARTICIPANT(S) DETAILS

First Name: _____ Surname: _____

Position: _____ Dietary Requirements: _____

Email: _____

First Name: _____ Surname: _____

Position: _____ Dietary Requirements: _____

Email: _____

First Name: _____ Surname: _____

Position: _____ Dietary Requirements: _____

Email: _____

Submission of a completed registration form denotes acceptance of the Terms and Conditions stated on our website at www.ccintl.com.au

How did you hear about us?

Printed Advertisement _____ Internet Search Social Media _____

CCI Email Colleague CCI course attended _____ Other _____

PAYMENT DETAILS - To secure your place, payment must accompany this form. Payment may be made by the methods outlined below.

Purchase order to come or Purchase order no. _____

I am paying by **Electronic Funds Transfer** Amount (inc. GST) \$ _____ Tax invoice will be provided upon receiving registration form.

Please debit my **credit card**: Visa MasterCard Amex (1.5% surcharge applies)

Card no: _____

Verification Number: _____ Total amount: \$AU _____ Expiry Date: _____

Cardholder's name: _____ Cardholder's Signature: _____

A tax invoice and receipt for credit card payment will be emailed to the contact email address when payment has been processed.