

Mackay Training Registration Form September 2015

Venue: Mackay Youth Justice Service Centre, 41 Gordon Street Mackay

Attendee details (PLEASE USE BLOCK LETTERS)						
Title	First name	Last name Ph				
Position			Employer			
Email Special/Dietary Requirements						
Courses (please tick the relevant boxes)						
Cour	se name			Price (inc GST)	Time	Date
☐ Conta	act Officer: Re	fresher		\$183.00	12:00pm – 4:00pm	8 th September
			nination Act for Managers	\$183.00	8:30am – 12:30pm	9 th September
	duction to the notes of the not	Anti-Discrim	nination Act for Community	Free	1:30pm – 3:30pm	9 th September
Payment method Note: Price are subject to change. Prices valid 01/07/15 to 30/06/16						
☐ Direct deposit (BSB No: 064013 Account No: 10006392)				Date deposited		
☐ Cheque attached – Make payable to the Anti-Discrimination Commission Queensland						
☐ Credit Card (a tax invoice/receipt will be sent)						
☐ Visa ☐ Mastercard Card number:				Expiry date:		
Name on card: Signature:						
☐ Invoice (a tax invoice will be sent)						
Correct Entity Name to be invoiced: (check with finance department) ABN/ACN:						
Invoice address:			Postcode			
How to register						
 Complete the form and return: email to training@adcq.qld.gov.au fax to (07) 3247 0960 or post to ADCQ, Po Box 15565, City East, QLD 4002 We will send you a confirmation email and other details before the session. If you have any questions about your registration please phone 1300 130 670, TTY 1300 130 680 						
Cancellation Information						
If you are unable to attend a training session, another person from your organisation is welcome. Consollations giving a week's nation will receive a full refund. (See Fee Fee Fee fee Service Quidelines — wave odes ald gov av). **The service of the servi						
 Cancellations giving a week's notice will receive a full refund. (See Fee for Service Guidelines - www.adcq.qld.gov.au) Where did you find out about this training? 						
□Website □Email □Newsletter □Other (Please specify) Click here to enter text.						
□Tick box if you DO NOT wish to receive electronic updates from ADCQ Office use only – Accounts Receivable						
Office use	only – Accou	nts Receival Name/Posit		Signature		Date
Approved I	hv	ivallic/FUSII	uon	Signature		Date
Processed	·					
Posted by	~ j					
Invoice No				Entered in	oto CPM	

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