

Short Course Booking Form

Booking ID:

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COURSE DETAILS						
Course Name:		/////Course Start Date:				
Course Location:		AWWWWCourse Finish Date:				
CONTACT PERSON	/ ORGANISATION DETAILS					
Contact Name:	Compa	Company Name (if applicable):				
Postal Address:						
Phone:	Mobile:	ABN (if applicable):				
Email:Á	/ XXXXXXXX	//////////////////////////////////////				
PARTICIPANT(S) DE	ETAILS This section is to be compl Participants for group book					
Name(s)	CTC Stud	Student No. or D.O.B.		USI Number		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
PAYMENT DETAILS						
Amount: \$	Please tick the method of payment:	Cheque	Credit Card	EFT	Purchase Orde	
Purchase Order Number	:					
A tax invoice will be ema	iled to you when this booking form is	processed. Pl	ease allow at l	east two b	usiness days.	
	orm I acknowledge that I have read, ut can be found at www.ctcsafety.com.a		d agree to CT0	C Safety's	Training	
Name:		Position:				
Signature:		Date:				
	s Booking Form back to CTC Sa csafety.com.au as soon as poss					

DRESS CODES FOR TRAINING

Long Pants, long or short sleeved shirt and closed footwear (preferably steel capped boots)

PERSONAL CONCERNS

ADDITIONAL COURSE DATES

Please feel confident to speak with CTC Safety Please contact CTC Safety for additional course dates regarding concerns with disability or literacy and on P: (02) 9979 7888 or E: contact@ctcsafety.com.au numeracy atht he booking your course.