

### TRAINING REGISTRATION FORM

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Course Type & Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Course Fee: \_\_\_\_\_

#### Payment Details

I would like to pay by:                      Credit Card                      Invoice

#### Invoice Details

Name of Organisation/Individual to be invoiced:  
\_\_\_\_\_

Invoice Contact Name: \_\_\_\_\_ ABN (if applicable): \_\_\_\_\_

#### Credit Card Payment

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**By completing and returning this form you agree to the terms and conditions as outlined below.**

#### Terms and Conditions:

Insight Professional Training & Solutions reserves the right to change the date of training delivery if the minimum number of participants is not met for a particular course. Payment will be processed when the minimum number of participants for the course is reached and a receipt will be emailed. If you wish to cancel your registration this can be done so by emailing [caroline@insightcanberra.com.au](mailto:caroline@insightcanberra.com.au) at least 10 business days prior to the scheduled date of the course. If you are unable to attend on the day of the scheduled course, it is recommended that a substitute participant attends in your place. Please note: If a substitute participant attends, please ensure they are able to attend both days of the scheduled course (if applicable).