

### Training Course Enrolment Form

Course Name:

Course Date:

By enrolling on this course with this form, you agree you have read the pre-course information sheet and agree to our cancellation policy.

Reservations can be made for 14 days only. Please print and return this form by email or post and provide payment within 14 days. After 14 days we reserve the right to let someone else have your place.

Name of delegate	
DOB	
Work Address	
Position / Title	
Billing address (if different from above)	
Email address*	
Phone number^	
Please specify any dietary requirements:	
Please specify any learning requirements:	
How did you hear about TJ Audiology Services?	

\*Email address required to send pre-reading material and course information

^Phone number required in case we need to contact you on the day (e.g. if running late)