**Training Course Enrolment Form**

Course Name:

Course Date:

Call or Email to reserve a place using contact details above.

Reservations can be made for 7 days only. Please print and return this form by email or post and provide payment within 7 days. After 7 days we reserve the right to let someone else have your place.

|  |  |
| --- | --- |
| Name of delegate |  |
| DOB |  |
| Work Address |  |
| Position / Title |  |
| Correspondence address(if different from above) |  |
| Email address\* |  |
| Phone number^ |  |
| Please specify any dietry 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)