**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 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)