

Group Booking Enrolment Form

Section 1 – Training Coordinators Details

| | | | | | | | |
|-----------------------------|--|--|--|--------|------------------------|--|--|
| Training Coordinators Name: | | | | | | | |
| Organisation Name: | | | | | | | |
| ABN: | | | | | | | |
| Postal Address: | | | | | | | |
| Suburb: | | | | | State: | | |
| Telephone: | | | | | Facsimile: | | |
| Mobile: | | | | Email: | | | |
| Authorising Representative: | | | | | Authorising Signature: | | |

Section 2 – Training Course Details

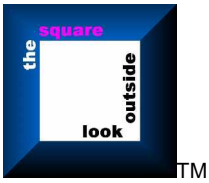
| | | | | | |
|---|--|--|--|--------------------|--|
| Training Course Name and/or Code Reference: | | | | | |
| Training Start Date: | | | | Training End Date: | |
| Group Booking details | How many participants will be involved? <i>Please ensure each participant completes the attached enrolment form</i> | | | | |

Section 3 – Training Venue details

Please indicate if the training program will be held at Gaye Cameron & Associates nominated facility or a site nominated by you.

Note: If you nominate a training site other than Gaye Cameron & Associates, we will contact you to conduct a site risk assessment.

| | |
|---|---|
| Gaye Cameron & Associates Training Facility: * Hurstville * Oatley * Client's Venue (please complete details) | Client Venue: Address: _____ _____ Are the following facilities/equipment available at your venue? .. TV / Video Unit .. Lecture Room .. Whiteboard .. Power point Facilities .. Clear, open space for practical demos .. Parking for Training Officer (If yes, please give details) _____ |
| Special Dietary Needs: | _____ |



Gaye Cameron & Associates

ABN: 74 662 358 860
Phone: 0417 498 671
Facsimile: (02) 9011 2029
Email: enquiries@gayecameron.com.au
Web: <http://www.gayecameron.com.au>

Section 4 – Course booking payment details

Please make cheques or money orders payable to: Gaye Cameron & Associates

Payment Method: .. Cheque or Money Order .. Company Account .. Electronic Funds Transfer

Electronic Funds Transfer Details: **BSB::** 012-077 **Account No:** 498839304
Account Name: Gaye Cameron and Associates

If paying by cheque or money order, please post it with this Enrolment Form to Gaye Cameron & Associates, PO Box 57, Oatley NSW 2223.

Section 5 – Invoicing Details

You will be issued with a Tax Invoice.

Business Name of Applicant / Organisation for Tax Invoicing Purposes:

Postal Address:

Contact Person: