



Fax to: 02 9635-7115

ABN 41 106 626 788
ACN 106 626 788

COURSE REGISTRATION FORM

TAX INVOICE & CONTACT DETAILS	Your MIS Contact:	
Contact Name:	Phone:	Fax:
Company Name:	Mobile:	
Address:	Email:	
Suburb:	State:	Postcode:

Details of Course Participants ...

STUDENTS FULL NAME	STUDENTS EMAIL ADDRESS	COURSE CODE	COURSE DATE	SITE	AMOUNT
				SYD	\$
				SYD	\$
				SYD	\$
Please add a 2% surcharge to total for all credit card transactions and 3% for AMEX:				TOTAL	\$ (inc GST)

Payment Details (please select 1 of the following with) ... Invoice to be sent to you by: Email Fax Post

Cheque Please make cheque payable to: MIS Global Technologies, P.O. Box 154, Parramatta, NSW, 2124

Cash Please bring the exact money to reception on the first day of your course.

Voucher(s) Please refer to the conditions on MIS training vouchers or Microsoft Software Assurance vouchers.

Credit Card Please provide details below:

VISA **MASTERCARD** **AMEX** **BANKCARD** EXPIRY DATE: _____

Card Number : 3 Digit Security Code: _____

Name on Card : _____ Signature : _____

Electronic Funds Transfer payable to: MIS Global Technologies | BSB: 012-370 | Account Number: 2592 81163 | ANZ

Purchase Order: number: _____

Terms & Conditions ...

1. Enrolments will only be confirmed on receipt of a signed registration form via email or fax
2. Payment must be received prior to course commencement
3. Course cancellations/course transfers must be notified in writing with a minimum of 10 working days notice prior to the course date or a 100% cancellation fee will be incurred, except training vouchers which will be forfeited.
4. Course dates can be transferred to another scheduled course date however MIS must be notified in writing with 10 working days notice prior to the course date or a 50% transfer fee may be incurred
5. Substitution of course participants may be made free of charge at any time
6. MIS Global Technologies reserves the right to change course dates and/or pricing without notice
7. All courses include GST unless otherwise noted

Signature of person authorising the training: _____

Name (please print clearly): _____

* I have read and understood the terms and conditions as per the registration form and I accept the conditions outlined above.