

Attendee Details (please print clearly)

Title	First Name	Last Name
Position	Employer	
Invoice Postal Address		
Suburb	State	Postcode
Phone	Fax	
Email	P/Order No. (if applicable)	

Courses (please tick the relevant boxes)

Course Name	Date	Time	Price (GST Inc.)
<input type="checkbox"/> Discrimination Law	9 July 2009	9am-1pm	\$150.00 *
<input type="checkbox"/> The Contact Officer (introductory)	13 August 2009	9am-1pm	\$150.00 *
<input type="checkbox"/> The Contact Officer (Advanced)	17 September 2009	9am-1pm	\$150.00 *
<input type="checkbox"/> Investigating Complaints	8 October 2009	9am-4pm	\$300.00 *
<input type="checkbox"/> The Contact officer (Refresher)	22 October 2009	9am-1pm	\$150.00 *
<input type="checkbox"/> Fairness Everyone's Business	12 November 2009	9am-4pm	\$300.00 *
<input type="checkbox"/> Discrimination Law for Community Organisations	3 December 2009	9am-1pm	Free
Total			_____

* Please Note: Prices valid from 1/ 7/09 to 30/6/10

Payment Method

Contact for payment: Name _____ Phone _____

Invoice Cheque Attached Direct Deposit: Date Deposited _____ (pls send a copy of remittance advice)
(BSB No: 064013 Account No: 10006392)

Visa Mastercard Card Number _____ Expiry Date _____

Name on Card _____ Signature _____

How to Register

1. Fax this page to us on **(07) 3247 0960**, or post to **City East Post Shop, PO Box 15565, City East Qld 4002** or email to info@adcq.qld.gov.au
2. We will send you a confirmation letter and other details before the course.
3. If you have any questions about your registration please phone 1300 130 670

Venue – Level 17, 53 Albert Street, Brisbane Qld 4000

OFFICE USE ONLY – Accounts Receivable			
	Signature	Name/Position	Date
Approved by:			
Processed by:			
Posted by:			
	Invoice No.		