

CREDIT CARD SHORT COURSE PAYMENT FORM

Course Name: _____ Course Number:

Name/Business Name

Authorised by

Address

Town/Suburb

Postcode

Phone

Fax

Email

Attendee Name (1)

Attendee Name (2)

Attendee Name (3)

Please debit by credit card for course fees \$ _____

Expiry Date

Please Print Name

Signed

***Please mail or fax this form for course payment
A 20% fee will apply to applicants who withdraw 48 hours prior to commencement of the course
Fees payable prior to course commencement date***

Prepress NetMedia

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