

REGISTRATION FORM

TRAINING COURSE: _____

DATE OF COURSE: _____

Name:

Department/Organisation:

Contact Details:

Email:

Any special requirements:

(eg. Dietary, access or disability access)

(Please note MPS training room is located on 1st floor with no disabled access, however, discussion can take place regarding relocation of a training course to meet the needs of participants)

Payment is due seven (7) days after registering for your course (an invoice will be sent upon receipt of this registration form).

Should a registered individual advise us of an inability to attend their training course within 10 days of the course date, a replacement participant may be sent. Our Cancellation policy is located on our web at www.mpsolutions.com.au

On completion please fax 02.61620603 or email to training@mpsolutions.com.au

