

REGISTRATION FORM

Please REGISTER the following to attend the following training course with Mitchell personnel Solutions.

TRAINING COURSE: _____

DATE OF COURSE: _____

On completion please fax to: 02.61620603

Name:

Department/Organisation:

Contact Details:

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 will take place regarding relocation of training course to meet the needs of participants)

Payment due seven (7) days after registering for the relevant Training Course (Invoice will be sent on receipt of registration form).

Should a registered individual be unable to attend within 10 days of the course delivery, a replacement may be sent. Cancellation policy is located on our web at www.mpsolutions.com.au

Please deposit into:

Bank: Bendigo Bank

BSB: 633-000

Account: 127 170 587

Reference: MPS/TRG07/00(?) – (Invoice #)

ABN: 53 118 343 801