

REGISTRATION FORM

#TA004



SIDRA INTERSECTION WORKSHOPS

Beginner & Intermediate Training Workshops

Perth, 22-25 June 2010

Customer Details

Customer ID:

Company/Organisation:

Contact Name:

Email:

Phone:

Fax:

Street Address:

City/Suburb:

Zip/Post Code:

Do you have valid COVER? Yes No

**To be eligible for COVER discount, your COVER (support subscription) must be current.*

Course Details	Level & Date	Fee w/ COVER*	Fee Standard	No of Delegates	Amount
BEGINNER PERTH	TUE-WED, 22-23 JUN 2010	\$1155 AUD	\$1265 AUD	_____	\$_____AUD
INTERMEDIATE PERTH	THU-FRI, 24-25 JUN 2010	\$1155 AUD	\$1265 AUD	_____	\$_____AUD
BEGINNER + INTERMEDIATE PERTH	TUE-FRI, 22-25 JUN 2010	\$2090 AUD	\$2310 AUD	_____	\$_____AUD

ALL PRICES ARE INCLUSIVE GST

PAYMENT DETAILS



Before sending payment, check for seat availability

http://www.sidrasolutions.com/software_training_directory.aspx

We take no responsibility for incorrect amounts transferred. If insufficient funds are transferred, your training registration will not be confirmed. If excess funds are transferred, no refund will be made.

Please ensure to include the Registration Form #TA004 as reference when sending payment or transferring funds into our account

Choose Payment Option:

Direct Deposit

Please ensure you deposit full Balance Due amount into the following bank details:

Westpac [Branch: Greythorn]
277 Doncaster Road
Greythorn, Victoria 3104, Australia

BSB Number: 033 054
Account Number: 25 2845
Account Name: Akcelik and Associates Pty Ltd

Swift Code: WPACAU2S

We will process the order when the payment (AUD) is deposited in our account.
Also note: the amount due is payable in full. Please ensure that any bank fees are paid to the bank separately.

**Bank Draft/
Cheque**

Please make all bank cheques or drafts *payable to Akcelik & Associates Pty Ltd*

Visa

Amount: \$ _____

MasterCard

Credit card number: _____

Amex

Card expiry date: _____ / _____

Name as it appears on card: _____

Signature of cardholder: _____

Please ensure that your credit card is valid outside your country.

DELEGATE SUMMARY



Full Name	Email	Course (please tick)
1.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
2.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
3.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
4.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
5.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
6.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
7.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
8.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
9.		<input type="checkbox"/> BEG <input type="checkbox"/> INT
10.		<input type="checkbox"/> BEG <input type="checkbox"/> INT

I understand that refunds cannot be given for cancellation of registration but another delegate may be substituted. Akcelik & Associates will be notified in advance.

Name: _____

Signature: _____ Date: _____

*A confirmation letter and receipt will be sent when the registration form is received with payment.
The registration is not confirmed until payment is received.*

After you enter the payment details and sign above, please return:

<p>Fax: Local (03) 9857 7462 International: +61 3 9857 7462 1) Please ensure your fax machine does NOT have a bar against international calls 2) Dial your international access code, then dial +61 3 9857 7462</p>	<p>Mail: Akcelik & Associates Pty Ltd Training Workshops PO Box 1075G Greythorn, Victoria 3104 AUSTRALIA</p>
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Please complete online REMITTANCE ADVICE FORM and submit to Akcelik & Associates
http://www.sidrasolutions.com/remittance_advice_form.aspx

