

**PARTICIPATE ASSISTIVE TECHNOLOGIES
TRAINING REGISTRATION FORM**



Please complete and return to:

Peter Hockley
StGiles
PO Box 45
New Town TAS 7008
Peterhockley@stgiles.org.au

Name: _____

Address: _____ Post Code: _____

Phone: _____ E-mail: _____

Organisation: _____ Title/Position: _____

Dietary requirements: _____

I would like to attend the following course/s:

Total cost: \$ _____

Please indicate payment method:

Cheque enclosed (payable to StGiles)

Credit card (visa or mastercard only)

Cardholder name: _____

Card number: _____ Expiry date: _____ CVV: _____

Amount: \$ _____ Signature: _____

Invoice (complete section below)

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Name: _____

Address: _____ Post Code: _____

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Organisation: _____ Title/Position: _____