

Training Registration Form



Our cancellation policy:

Cancellations made three weeks or less prior to the training date may incur a 50% fee.

Cancellations made 24 hours or less prior to the training date may incur a 100% fee.

Please send completed form to McCarthy Training via:

Fax: 03 9431 6251

Email: anne@mccarthypsychology.com.au

Post: PO Box 791, Eltham Vic 3095

Course title: _____

Course location: _____

Course date(s): _____ Course fee: \$ _____

REGISTRANT(S) NAME	POSITION	EMAIL	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Organisation: _____ Contact person (if not registrant): _____

Position: _____ Contact email: _____ Phone: _____

I have read, understood and agreed to McCarthy Training's Terms and Conditions, related to training courses, as outlined in the accompanying document.

Signature: _____ Date: _____

Payment options (please choose one): Please note that reservation of a place at any course is confirmed on receipt of payment.

CHEQUE PAYABLE TO: _____ REQUEST FOR INVOICE: _____ CREDIT CARD: VISA MasterCard Other _____

McCarthy Psychology Services Pty Ltd
PO Box 791
Eltham Victoria 3095

Att: _____

Name on card: _____

Position/Dept: _____

Card number: _____ | _____ | _____ | _____

ELECTRONIC FUNDS TRANSFER:

Postal address: _____

Expiry Date: ____ | ____

Account: McCarthy Psychology Services Pty Ltd
Bank: Commonwealth
BSB: 063 222 A/C: 1044 7574

Authorising Signature: _____

Date: _____