

SPORTS MEDICINE AUSTRALIA - ACT BRANCH SAFER SPORT COURSES



Registration Form 2009

COURSE: _____ COURSE DATE: _____

NAME: _____

ADDRESS: _____

STATE: _____ POSTCODE: _____ PHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT THE COURSE: _____

SPORTS INVOLVED WITH: _____

INVOICE DETAILS: If your club or organisation is paying for this course, invoice details must be submitted 4 week prior to the date of commencement to ensure payment is received prior to the start of the course.

Organisation Name: _____

Contact Person: _____

Address: _____

Email address for account: _____

PAYMENT DETAILS:

CHEQUE MONEY ORDER CASH

VISA MASTERCARD

CREDIT CARD NUMBER: _____ / _____ / _____

EXPIRY DATE: _____ AMOUNT: _____

CARDHOLDERS NAME: _____

SIGNATURE: _____

Completed forms and payment can be sent to:
Sports Medicine Australia - ACT Branch
100 Maitland Street, Hackett, ACT 2602
Phone: 02 6247 5115 or Fax: 02 6247 6329
Email: admin@sportsmedicineact.org.au

Refund Policy: 7 days or more - 90%, Less than 7 days - 50%, After start of course - no refund