

MIDD-WEST RISK MANAGEMENT COURSE ENROLMENT FORM

**FAX (02 6360 3999)
or EMAIL
registrations to
Mid-West Risk
Management**



1st Name: _____ Surname: _____

Organisation: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Company Contact: _____ Order Number: _____

Email: _____

Course Details

COURSE CODE (see Training Calendar): [Confirmation sent ~5 working days before course starts].

DATES: **Select from Calendar:**

TIME/S: Traditionally, 8:45am - 4:00pm, daily. [Check with office -Details sent out when confirmation sent to enrolee before course starts].

INVESTMENT: \$..... [Course Fee]
(Includes extensive handouts, morning & afternoon tea, and Accreditation/Attendance Certificate)

PAYMENT DETAILS: (Payment must be received in full prior to course)

PLEASE INVOICE ME ELECTRONIC FUNDS TRANSFER - BSB: 062 587 Account No. 1027 1022;
Account name: **Midd - West Risk Management**

BY CHEQUE: Please make cheques payable to: **Midd-West Risk Management**.

Please Note: Payment is required in full before the course. Participants unable to attend after registration may send a substitute delegate. Cancellations received up to 10 working days prior to the course will receive a full refund. If cancellation is received less than 10 working days prior to commencement of the course, the refund will incur a 20% administration charge. If an enrolee cancels on day 1 of the course, then the full enrolment / course fee will be forfeited. Mid-West Risk Management reserves the right to cancel a course, due to insufficient numbers.

5% compounding penalty charges apply from start date of course, and thence each 14 days. Replacement certificates = \$44 each.

I have read / accept the above conditions: Name (Print)..... **Signature**.....

MIDD-WEST RISK MANAGEMENT (ABN: 26 062 813 325)

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AFTER THE BEST?Train with MIDD-WEST!