

SWINBURNE EDGE

SHORT COURSE INVOICE BOOKING FORM

Our courses fill quickly. Early registration is recommended.

| PARTICIPANTS AND COURSE DETAILS – All fields MUST be completed in below section | | | | | | | | |
|---|---------------------|---------------------------|----------------|-----------------------------|--------|---------------|----------------------|------------|
| FIRST NAME | LAST NAME | E-MAIL | MOBILE | COURSE TITLE | | LOCATION | START DATE | FULL PRICE |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| * Discount for Organisations booking 3 or more courses = 5% * Discount for Verified Not-for-Profit Organisations = 10% CORPORATE PROMO CODE: | | | | | | *DISCOUNT % : | | |
| Note that Swinburne Edge courses do not attract GST, unless stated otherwise. | | | | | | | TOTAL PRICE : | , |
| COMPANY DETAILS – B | | ompleted | | | | | | |
| COMPAN | | | PEF | SON AUTHORISING TRAINING: | | | | |
| COMPANY A | DDRESS: | | | JOB TITLE: | | | | |
| | | | | AUTHORISER PHONE: | | | | |
| | ABN: | | | AUTHORISER E-MAIL: | | | | |
| | | | | ACCOUNTS PAYABLE E-MAIL: | - | | | |
| AUTHORISATION SIGN | | | | T-FOR-PROFT ORGANISATION? | YES | NO | | |
| I agree that the payment for the person attending the course will be paid on receipt of the invoice and in line with normal payment terms. | | | | | | | | |
| Do you consider yourself to have a disability, impairment or long term condition? Yes No Do you require assistance because of this disability? Yes | | | | | | | | |
| * Please note this information is only needed for statistical and planning purposes and to ensure the provision of appropriate support services. It will not disadvantage your enrolment. | | | | | | | | |
| If yes, please indicate the area of disability, impairment or long term condition (you may indicate more than one area) | | | | | | | | |
| Hearing/deaf/mental illne | ess Intellectual/Ac | quired Brain Impairment V | ision/Learning | Physical/Other Medical Cond | dition | | | |
| How did you hear about our course? Swinburne Website E-mail Brochure Social Media Past Student Orporate Client Word of Mouth Other | | | | | | | | |
| . I agree with the Terms and Conditions of registration (<u>http://www.swinburne.edu.au/business-partnerships/develop-your-career/terms-and-conditions/</u>) | | | | | | | | |

IF YOU NEED HELP WITH THIS FORM OR ANY OTHER ENQUIRIES, CONTACT US ON:

PHONE: 1800 633 560

EMAIL: edge@swinburne.edu.au