

## 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.							<b>TOTAL PRICE :</b>	,
<b>COMPANY DETAILS</b> – 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