

# TRAINING REGISTRATION FORM



Full Name\*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile Phone\*: \_\_\_\_\_

Phone: \_\_\_\_\_ Email\* \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

I aim to primarily use Ultrasound for: (please circle one)

Electrical / Mechanical / Reliability / All / Other: \_\_\_\_\_

## STREET ADDRESS

Street\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Postcode\*: \_\_\_\_\_

Country: \_\_\_\_\_

## POSTAL ADDRESS (if different from above)

Street\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Postcode\*: \_\_\_\_\_

Country: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

## COURSE DETAILS

Training Type\*:(please circle one)                      Ultrasound Lev 1 / Ultrasound Lev 2

Course Name\*: \_\_\_\_\_

Start Date\*: \_\_\_\_\_ Cost\* (exGST): \_\_\_\_\_

## PAYMENT DETAILS

- Purchase Order from approved Corporate Account
- Electronic transfer (invoice to be provided, confirmation issued on receipt of payment)
- VISA / MasterCard (incurs 4% fee. Only Payable via PayPal)

Cardholder Name\*: \_\_\_\_\_ Exp: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVC: \_\_\_\_\_

Cardholder Signature\*: \_\_\_\_\_

- I hereby authorize GVS Reliability Products to charge the above credit card for all charges relating to this training including GST.

### TRAINEE DECLARATION:

- I understand that my registration will not be guaranteed until payment has been received in full by GVS Reliability Products.
- I have received and agree to abide by GVS Reliability Products Training Policies. If you have not seen the Training Policies please write to **sales@gvsensors.com.au**
- I have read and understand the Terms and Conditions of Registration. If you have not seen the Terms and Conditions, please write to **sales@gvsensors.com.au**

Trainee Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_