

# BOOKING FORM

**Please complete and return this form to us as soon as possible to confirm your training place/s**

Name of Company: ..... Contact: .....  
 Postal Address: .....  
 Suburb: ..... State: ..... Post Code: .....  
 Phone: ..... Fax: ..... Mobile: .....  
 Email: .....

### Course Participants

Name/s	Date of Birth	CITB Number	USI (unique student identifier)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Do any of the above students require additional learning support (eg language or learning)? Yes / No \_\_\_\_\_  
 Do any of the above students have a disability, impairment or medical condition? Yes / No \_\_\_\_\_  
 If so, please specify \_\_\_\_\_

**TRAINING COURSE**

**START DATE**  **END DATE**

**PLEASE NOTE THAT PAYMENT MUST BE MADE PRIOR TO COURSE COMMENCEMENT. BOOKINGS CANNOT BE ACCEPTED UNTIL FULL PAYMENT IS MADE.**

I have read, understood and agree to abide by Master Plumbers Association's Training Terms & Conditions (Terms and Conditions / Student Handbook is available from [www.mpasa.com.au](http://www.mpasa.com.au))

Signed: ..... Date: .....

### Credit Card Payment

Name / Company: \_\_\_\_\_ Invoice # \_\_\_\_\_  
 Card Type:  Mastercard  Visa Total Amount : \_\_\_\_\_  
 Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_  
 Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

*An invoice will be provided with a receipt and course confirmation prior to commencement.*

