

Amount _____

Pay Meth. _____

Inv.# _____

Date/Sign _____

DIRECTING LIFE CEREMONIES ENROLMENT FORM

AUSTRALIAN CELEBRATIONS
TRAINING PTY LTD

Training Professional Celebrants**Please return Enrolment Form by either:****Fax:** (07) 3207 0270**Post:** Australian Celebrations Training Pty Ltd. PO Box 5332, Victoria Point Qld 4165**For further assistance phone: (07) 3207 9515****General Enrolment Information:**

1. Enrolment is open to all. There is no authorisation process for General Celebrants
2. The cost of the course is **\$220** (classroom) and **\$185** (distance)
3. The full amount is to be paid on enrolment
4. Distance Education students will receive their material by post within 5-7 working days of enrolment
5. Cancellation of course or enrolment please refer to the refund policy
6. A Certificate will be posted to you within 10 working days of completion of the course

Course City/Town: _____ **Course Date:** _____**Distance Education Package:** Full Name: _____
(Exactly how you would like it to appear on your Certificate)

Title: _____ Preferred Name: _____

Postal Address for all
Correspondence: _____

_____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email address: _____

Date of Birth: ____ / ____ / ____

Emergency contact person: _____

Emergency contact phone numbers: _____

Do you have any special dietary needs:

 No Yes (If yes, please state) _____**Payment:** Cheque Money Order Bankcard MasterCard Visa Amount: \$ _____

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's
Signature: _____