

In House Course Registration Form Tax Invoice

Registering Company Details

Name	
Position	
Organization	
ABN/ACN	
Address	
Address	
City/Suburb	
Postcode	
Phone	
Mobile	
Fax	
Email	

Method of Registration

Phone	07 5463 2744
Fax	07 5463 2755
Email	adrian.stephan@logistics.com.au
Post	POB 300, BOONAH QLD 4310

Conditions

1. Venue provided by client.

Privacy. We may contact you from time to time by email, phone or post about the services we offer.

- Please tick here if you do not wish to receive this information.

Course Details

Title: _____

Days: _____ Dates: _____

Course Fees

Fee: (excluding GST)

- \$1400 per day for up to 7 attendees.
- Travel and or accommodation charges could apply.
- Payment to accompany registration.

Methods of Payment

- Mail cheque with this form
- Scan or fax this form with credit card details
- PO #: _____
- Bank Transfer. A/C Name: Logistics Pty Ltd. A/C 126009422 BSB 633000 Bendigo Bank, High St, BOONAH QLD 4310
- Crossed Cheque made payable to Logistics Pty Ltd. Post to POB 300, BOONAH QLD 4310
- Please charge to this credit card
 Mastercard Visa

Cardholder Name:

Exp Date:/..... CV#

Authorisation (Sign & Print Name & Date):

.....
.....

Administration

Logistics Pty Ltd

ABN 67 006 734 827

POB 300

BOONAH QLD 4310

AUSTRALIA

Ph: 07 5463 2744

Fx: 07 5463 2755

adrian.stephan@logistics.com.au

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