

Company Name		Phone	
Contact Name		Fax	
Street /Residential Address			
Postal Address			
Email		Purchase Order #	

Course Date	Course Time	Name of Participant (The name to appear on the certificate)	Participant Mobile No.	Date of Birth	Course Name & Level	\$
				/ /		
				/ /		
				/ /		

**For Safety enrolments, please bring Photo ID with you on the day (driver's licence, passport, 18+, forklift licence)**

**TOTAL\$**  
 INC GST  
 EX GST

**To assist us with meeting your needs, please answer the following questions:**

Do you require language, literacy or numeracy skills support?  Yes  No (Please complete the LLN Support Indicator, if yes)  
 Do you have any medical conditions, impairments or disabilities?  Yes  No (Please complete the Client Supplementary Medical Details form, if yes)

**PAYMENT DETAILS**

**Payment is required in advance.** I agree to advise Axiom College no later than 5 working days prior to the course of any changes. I understand that I will be charged the full amount if I cancel after that date, do not send a replacement or do not attend. Axiom College will make all possible effort not to cancel a scheduled course; however if student numbers are low or there are unforeseen circumstances then a course may be shortened in duration or rescheduled. Participants will be given the option of rescheduling.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Invoice (Company Purchase Order Required)  Cheque Enclosed  Cash  
 Credit card:  Visa  Mastercard  AMEX\*  Diners\* \*(3% surcharge applies to AMEX & Diners)

Card Number

Expiry date \_\_\_\_ / \_\_\_\_ Amex ID Number: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Course type:</b>	<input type="checkbox"/> Scheduled	<input type="checkbox"/> Closed	<input type="checkbox"/> On-Site	<input type="checkbox"/> Room Hire	<b>Campus:</b>	<input type="checkbox"/> Brisbane	<input type="checkbox"/> Cairns	<input type="checkbox"/> Townsville	<input type="checkbox"/> Mackay
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<b>Booking date:</b>	<input type="checkbox"/> Invoice	Rep	Client #
<b>Enquiry received via:</b>	<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax	<input type="checkbox"/> Email <input type="checkbox"/> Website
<b>Marketing Source:</b>	<input type="checkbox"/> Advert	<input type="checkbox"/> Website <input type="checkbox"/> Google	<input type="checkbox"/> Govt website <input type="checkbox"/> Mailout
<input type="checkbox"/> Unaddressed mail	<input type="checkbox"/> Current client	<input type="checkbox"/> Email Mktg <input type="checkbox"/> Fax	<input type="checkbox"/> Ph call <input type="checkbox"/> Unknown

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 Fax: (07) 3510 8050

**Axiom College (Townsville)**  
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 Fax: (07)4772 3399

**Axiom College (Cairns)**  
 Hypermart Office Tower,  
 cnr Spence & Draper Sts,  
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 Fax: (07) 4031 2899

**Axiom College (Mackay)**  
 Level 1, 1/47 Sydney Street  
 (cnr Victoria Street)  
 Mackay 4740  
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 Fax 07 4957 4722

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