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| **AQUAGEM ENVIRONMENT**  TRAINING REGISTRATION FORM |  |  |  |  |  | PECB Partner # ATPB055 |  |

*Available: Online registration at* [*http://www.aquagemenvironment.com*](http://www.aquagemenvironment.com) *and pay by PayPal. Email:* [*business@aquagemenvironment.com*](mailto:business@aquagemenvironment.com) *or call +61383485480 for guide.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant's Details** (*This will be used for registration and issuance of certificates, ensure it is complete and correct)* | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |
| Title | * Mr | | | | * Ms | | | | Others | |  |  | |  | | | |  |  | |  | | |  | | | |
| SURNAME |  | | | | | | | | | | | | | FIRST NAME | | | |  | | | | | | | | | |
| DATE OF BIRTH*(dd/mm/yyyy)* |  |  | |  | | | | Qualifications | |  | |  | | Position | | | |  |  | |  | | |  | | | |
| BUSINESS NAME |  | | | | | | | | | | | | | PO Box, if any | | | |  | | | | | | | | | |
| OFFICE ADDRESS, *#, street* | *street name* | | | | | | | | | | | | | Telephone | | | | *code/number* | | |  | | |  | | | |
| *Suburb, village, city, town,* |  | | | | | | | | | | |  | | mobile | | | |  | | |  | | |  | | | |
| *State/Country* | *State* | | | | | | | *Country* | | *post code* | |  | | email | | | |  | | | | | | | | | |
| **Course Selection** |  |  | |  | |  | |  | |  | |  | |  | | | |  | | | | | | | | | |
| Course Name |  | | | | | | | | | | | | | Course Date | | | |  |  | | | | | | |  |  |
| Course Venue |  | | | | | | | | | | | | | Price | | | | AU$ |  | | | | | | |  |  |
| Dietary Needs |  |  | | | | | |  | |  | |  | | Special Need | | | |  |  | | | | | | |  |  |
| **Invoice Contact** |  |  | |  | |  | |  | |  | |  | |  | | | |  |  | | | | | | |  |  |
| SURNAME |  | | | | | | | | | | | | | FIRST NAME | | | |  | | | | | | | | | |
| *Landline/Mobile* | *landline* | | | | | | | | | *mobile* | | | | *Email:* | | | | | | | | | | | | | |
| **Payment Details** |  |  | |  | |  | |  | |  | | |  | |  | |  | | |  | |  | | |  | | |
| Payment Options *(check one)* | * Cash | | | | | | * Credit Card | | | * Cheque | | | * T-Transfer | | | | | * Paypal | | AU$ | | | |  | | | |
| Credit Card Details | Credit Card Number *(check applicable card and write card number below)* | | | | | | | | | | | | | | | | | TT-Pay to | | Aquagem Environment Pty Ltd | | | | | | | |
| Visa |  | |  |  | |  | |  | |  | |  | |  | | | | ANZ Bank | | Sunshine Branch, Victoria | | | | | | | |
| MasterCard |  | |  |  | |  | |  | |  | |  | |  | | | | BSB: | | 13443 | | | |  | | | |
| Amex |  | |  |  | |  | |  | |  | |  | |  | | | | Account #: | | 2 9178 | | | 0093 | | |  |  |
| Card Expiry date: *mm/yyyy*  CCV: |  | | *I have read and agreed with the terms and conditions for the Services offered by Aquagem Environment and the official marketing and promotion information of Aquagem Environment or its partners and affiliates. I agree that no registration is finalized without completing all the requirements. I declare that all information supplied herewith is true and correct to the best of my knowledge.* | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*ccv- 3 or 4 digit number found at the back of the credit card, near the signature space.* | Name | | | | | | |  | | | | | | | | Comment: | | |  | |  | | |  | | | |
|  | Position | | | | | | |  | | | | | | | |  | | |  | |  | | |  | | | |
|  | Signature | | | | | | |  | | | | | | | | Date | | |  | | | | |  | | | |
|  |  |  | |  | |  | |  | | |  | |  | | |  | | | |