

Enrolment Form

TO REGISTER FOR OUR COURSE(S), COMPLETE THIS FORM AND RETURN TO AISF AT YOUR EARLIEST CONVENIENCE

DATE: _____

PLEASE ENROL _____ STUDENT (S) IN _____ COURSE

ON ____ / ____ / ____

NAME: (S) _____

COMPANY _____

ADDRESS _____

_____ POSTCODE _____

TELEPHONE _____ EMAIL: _____

PAYMENT METHOD

AMOUNT REMITTED \$ _____

CHEQUE ENCLOSED

EFT: WESTPAC BSB: 033 132 ACC # 163574

CARD TYPE _____

CARD NUMBER _____

CARD NAME _____ EXPIRY _____

SIGNATURE _____

Visit our web site www.aisf.org.au and click on our training page for more information.

- Please note that enrolment at this course indicates the student has basic literacy skills
- Class size is limited to 12 . Places will be allocated in order of receipt.

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