TRAINING REGISTRATION FORM

Please use our new, easy, fast website booking: www.cscentral.org.au/training

Only use this form to make bulk FDC bookings.

Please complete details of the course your group wishes to attend.
Please photocopy this form for additional registrations or download forms from:
www.cscentral.org.au/training/bulk.pdf

Course Title: _____ Course Location: _____

Course Date: _____ Cost per person: _____

First Name: _____ Surname: _____

Name of FDC: _____

Telephone: _____ Fax: _____

Address: _____ Suburb: _____ Postcode: _____

Email: _____

Do you have any particular requirements?

Yes ☐ No ☐ Details _____

Payment

Number of participants _____ **X** Cost per person $ _____ Total amount $ _____

☐ **By cheque or money order**
Please make cheque/money order out to Community Child Care Co-operative Ltd. (NSW)

By credit card:

☐ Bankcard ☐ Mastercard ☐ Visa

Credit card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: ☐☐ ☐☐

Name on card _____ Signature _____

Date _____

Please photocopy and complete the registration form and return with payment by:

Fax to : (02) 8922 6445, or

Mail to: Building 21, 142 Addison Road, Marrickville NSW 2204

Children's Services Central will send confirmation of course registration and a tax invoice to your service.

Community Child Care Co-operative ABN 81 174 903 921