

Course Registration Form

Working Sm@rt®

Outlook Microsoft

☒

Full day

+ follow up coaching

Lotus Notes

☐

Full day

+ follow up coaching



OneNote

☐

Half day

365™

☐

Half day

In-house only (min 8)

Course Name – tick appropriate box above Course Date: 27th April 2015		Terms & Conditions <ol style="list-style-type: none"> Cancellations will be accepted without charge where Priority Management NSW is notified in writing at least 10 working days prior to the scheduled commencement date. Cancellations inside of this 10 day period will incur, as a cancellation fee, the full cost of the course. One transfer will be accepted without charge where it has been notified in writing at least 10 working days prior to the scheduled commencement date, all subsequent transfers will attract an administration charge of \$50.00. Non-attendance on the day attracts the full fee. Substitute participants are accepted at any stage and it is recognised that extenuating circumstances do sometimes apply and we are more than happy to discuss these. Details of our Code of Practice & Privacy Policy are available on our website: www.prioritymanagement.com.au Certificates of completion will be issued when all stages of the program have been completed; including follow up coaching and pre and post course questionnaires. *Offers can be used in conjunction, however the total discount will not exceed 15%. <p>I confirm that I have read and accept the terms and conditions outlined above. Please book me on to the requested program and email me a confirmation.</p> <p>Signature:</p> <p>Date:</p>
Attendee Details:		
First Name:	Surname:	
Company Name:		
Address:		
Phone:		
Email:		
What software version are you using? (please circle) Outlook 2000 / 2003 / 2007 / 2010 / 2013 Mac Lotus Notes 6.5 / 7 / 8.02 / 8.5 Will you be bringing your own laptop? (Recommended) Yes / No		
Do you have any specific dietary requirements? Yes / No Please Specify:		
Do you have any other special requirements? Yes / No Please specify:		
Payment Details Purchase order number (if applicable): Preferred payment method: Credit Card <input type="checkbox"/> Please Invoice Us <input type="checkbox"/>		
Credit Card Details (please note: a 3% surcharge applies to all credit card transactions) Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Card number:		
Name on card:	Expiry Date:	
Invoice Details Name that the invoice needs to be sent to: Company Name for Billing Purposes: Email address of invoice recipient:		