



Application Form 2010

Advanced Sterilisation
26-28 May 2010

Closing date three weeks prior to course commencement. Late applications considered.

Web

Full Name _____ Male Female (please tick)

Postal Address _____

City _____ State _____ Postcode _____

Tel. (Work) _____ (Home) _____ Fax _____

Mobile _____ Email _____

Name of employing organisation _____

Work address _____

City _____ State _____ Postcode _____

Current position _____ Date commenced _____

Educational standard/qualifications relevant to this course _____

How did you first hear about this course?

- Mayfield Courses Book Friend Work Colleague Mailout
 Advertisement (Please specify ie newspaper/journal/radio) _____
 Mayfield Website Other _____
 I am a past student of Mayfield

Fee Payment.

Course Fee \$940 per person.

Fee is being paid by: Self Employer

Payment Method: Credit Card Cheque/Money Order EFT (details below)
 Purchase Order PO Number _____

(Payment or Purchase Order Number must be received before application can be processed)
(Cheque/money order made payable to Mayfield Education Inc)

EFT Details: Mayfield Education
BSB:063 -143 Account: 1005-0419
(Please list applicant name in detail area)

Credit Card Details: (1.5% surcharge applicable to all credit card payments)

Charge to VISA Mastercard

Cardholders Name _____ Card Expires _____

Card Number ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Authorised Signature _____ Date _____

Send to: Student Services
Mayfield Education
2-10 Camberwell Road
Hawthorn East Vic 3123

Phone: (03) 9882 7644
Fax: (03) 9882 7518
Email: info@mayfield.edu.au
Website: www.mayfield.edu.au