Application Form 2010

Continence Management Strategies

[ ] 22-24 June 2010

[ ] 4-6 October 2010

Web

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

Last Name (Family Name) _____

Given Names _____ 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 $977 per person. Light lunch provided

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