MAYFIELD EDUCATION

Application Form 2009

Continence Management Strategies

[ ] 15-17 June 2009

[ ] 5-7 October 2009

Web

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

Surname (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 _____

Fee Payment.
Course Fee $930 per person. Light lunch provided

Fee is being paid by ❑ Self ❑ Employer ❑ Other *(Please tick)*

Cheque/money order enclosed payable to Mayfield Education Inc or

Charge to ❑ Bankcard ❑ VISA ❑ Mastercard

Cardholders Name _____ Card Expires _____

Card Number ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/

Authorised Signature _____ Date _____

How did you find out 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

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