



JEMS Course Booking Form

I WISH TO ENROL IN THE FOLLOWING 4 DAY COURSE:	
JEMS PART 1 & 2 THURSDAY NOV 30th to SUNDAY DEC 3rd 2017 FULL PAYMENT \$1160 (or \$928 for those repeating the course)	<input type="checkbox"/>
OR DEPOSIT \$400 & REMAINDER (\$780 or \$548 for those repeating) to be paid by OCT 30th 2017	<input type="checkbox"/>

Please **SCAN** or **PHOTOGRAPH** this registration form & email to rlgranter@me.com
OR POST to: ACSTT PO Box 128 HEILDELBERG 3084

NAME:.....

ADDRESS:.....POSTCODE.....

PHONE: BUS AH/Mobile

PROFESSION:QUALIFICATIONS:

EMAIL:.....

PAYMENT DETAILS:

CHEQUE:	<input type="checkbox"/>	Please make cheques payable to "ACSTT"	\$ _____
DIRECT DEPOSIT:	<input type="checkbox"/>	Acc Name: ACSTT BSB No: 063233 Acc No: 10136823 Include your Surname & the words JEMS on your bank transaction	\$ _____
CREDIT CARD:	<input type="checkbox"/>	VISA / MASTERCARD Full Payment or Deposit	
I authorize ACSTT to process the remainder of course fees on OCTOBER 30 th 2017		Card no: _____ Expiry: ____ / ____	\$ _____
Signed		Name on card:	

CONFIRMATION OF BOOKING:

I have read and agreed to the terms & conditions of JEMS training – please tick box (this is essential for us to be able to confirm your place on the workshop)

Signed Date:.....

If paying via Direct Bank Deposit please ensure that this registration form is still emailed or posted to ACSTT so that we have all your contact details

REFUND POLICY:

Cancel before October 30th 2017: Full refund minus administration fee of \$50
Cancel after October 30th 2017: 50% of all paid fees refunded