

WORKSHOP ENROLMENT FORM

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE (AH): _____ (BH): _____

EMAIL: _____ MOBILE: _____

COURSE TITLE: _____

PLEASE INDICATE WHERE YOU HEARD ABOUT OUR COLLEGE:

Word of Mouth Yellow Pages Internet Newspaper Expo
 Magazine Other (please specify) _____

PLEASE ✓ ONE OF THE FOLLOWING:

- I am paying in person via cash.
- I am paying by Cheque. Please allow 10 working days for clearance.
- I am paying by Credit card. Please note we only accept Visa or MasterCard.

CREDIT CARD AUTHORITY (if applicable)

Please charge my VISA/MASTERCARD account

No

Expiry: Amount Signature

STUDENT DECLARATION:

I enclose \$ _____ being the full payment for _____ (Course title), commencing on _____ (course commencement date). I understand that the monies are non- refundable and understand that if due to financial, political or any other reason the College has to cease operating, the College’s obligation will be limited to providing tuition for completing only the subject for which payment has been made in advance. I acknowledge the unreserved right of the National College of Traditional Medicine to alter its course curriculum or fee structure as it sees fit.

I have read and I understand the Rules and General Conditions:

Signed

Print Name

Dated