

Student & Method of Payment Details

Please complete, sign and return to AWDTS via post or scan and email to amyh@awdts.com.au

TRAINING DETAILS	
Company/Individual Name:	
Date of Training:	
Contact Name:	
Tel:	email:

PAYMENT METHOD	
DEPOSIT AMOUNT:	DUE DATE:
<input type="checkbox"/> Cash/Cheque	<input type="checkbox"/> Credit Card
100% Deposit Required 14 days prior to training	
<p>Your booking has been confirmed. Unless another arrangement is in place or negotiated, we require payment/Purchase Order for \$650.00 per student 14 days prior to course. Refunds will be provided in full for cancellations made with a minimum of 14 days' notice and the full fee required if less than 14 days' notice is given. Student names are interchangeable at any time prior to training. In the event of transfer to another course within 7 days' prior to training, a \$110.00 fee may be charged in the event that we have incurred costs that cannot otherwise be reclaimed. Should the transfer to another course make the initially booked course unviable financially, the full fee may still be charged if less than 7 days' notice was provided. "No Shows" on the day will be charged the full tuition fee.</p> <p>AWDTS reserves the right to cancel courses with 7 days' notification should numbers be insufficient for financial viability. AWDTS reserves the right to change of venue should a change in student numbers or circumstances outside our control warrant such change.</p> <p>I acknowledge that I have confirmed this booking, and agree to the above terms and conditions and have authority to do so.</p>	
Name:.....	Name:.....
Company/Individual:.....	AWDTS P/L
Signature:.....	Signature:.....

<p>FINAL BALANCE: \$</p> <p><input type="checkbox"/> Cash/Cheque Full payment required 14 days prior to training to:</p> <p>AWDTS P/L 89 Oceanic Dve MERMAID WATERS QLD 4218</p> <p><input type="checkbox"/> Credit Card To be used as a guarantee against the booking and charged on the day</p>	<p>DUE DATE:</p> <p>Credit Card Details</p> <p>VISA/MASTERCARD ONLY</p> <p>_____</p> <p>Type</p> <p>_____</p> <p>Number</p> <p>_____</p> <p>Expiry</p> <p>_____</p> <p>Cardholder's Name</p> <p>_____</p> <p>Card Validation # (3 digits on back)</p>
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PAYMENT TO APPLY TO

Trainee Names:

BILLING DETAILS

Billing Contact:	Telephone Number:
Billing Address:	Date:

DIETARY REQUIREMENTS (over)

Student Name:	Dietary Restriction: Gluten Intolerant/Vegetarian/Other:
Contact Number:	

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Contact Number:	

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 • Forensic Assessment & Reports • Expert Witnesses/Written Opinions • Psych Services

1300 DRUG TEST or 1300 37 84 83

www.awdts.com.au