Office Use Only

Amount _____

Method _____

Tax Inv # _____

Date _____

ENROLMENT FORM

Return form:

Email: director@endoflifeplanning.com.au

End of Life Planning™

Title

Name

Preferred name and Pronouns

Postal address

Suburb

Postcode

Phone

Email address

Location of class

Date of class

Emergency contact person

Phone

Do you have any special dietary needs?

Do you have any disabilities or health issues that you may require assistance with?

How did you hear about our training?

Payment:

Payment must accompany this form by one of the methods listed below. Credit Card payments will not be taken over the phone. Please see below for enrolment terms and conditions.

- Master Card
- Visa

Amount: $.....

Card Number: ..... / ..... / ..... / .....

Expiry Date: ..... / .....

Cardholder's Name:.....

Cardholder's Signature::.....

CREDIT CARD PAYMENTS WILL NOT BE TAKEN OVER THE PHONE

TERMS AND CONDITIONS:

GENERAL

- Morning tea, a light lunch and afternoon tea will be provided. Class will be from 9.00am to 5.00pm.
- Registration at 8.30am.

CANCELLATION AND REFUNDS:

- Cancellations and refund requests must be in writing by email.
- Cancellation of a class registration must be made in writing at least 7 working days prior to the class date.
- Cancellations made under 7 working days will be considered in extenuating circumstances and will need to be accompanied by supporting evidence (eg. Doctor's certificate).
- No refund will be available for non-attendance at class.
- A $75 administration fee will be deducted from any refund.
- Should our company cancel a class a full refund will be given.

I have read and understood these terms and conditions:

Signature ..... date: .....