



PLATINUM

PROFESSIONAL DEVELOPMENT

YOUR VISION - OUR DIRECTION

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Name of Workshop: _____ Date: _____

Location: _____

Practice Name: _____

Name of Principal/s: _____

Postal Address: _____

Telephone: _____ Email: _____

Attendee Full Name	Position Title
1. _____	/ _____
2. _____	/ _____
3. _____	/ _____
4. _____	/ _____
5. _____	/ _____
6. _____	/ _____

Payment: \$480 + GST (\$528) per attendee. The 4th enrolment from the same practice is FREE. All enrolments following the 4th will be at half fee - \$240 + GST (\$264)

1. Direct Deposit to PLATINUM Professional Development - BSB: 016 452 Account No: 1989 64736

Please state your company name or invoice number in your payment description

2. Please debit my credit card Visa MasterCard

Card Number: _____

Expiry Date: ____/____ Amount: \$_____

Name on card: _____ Signature: _____

** 1.5% surcharge will apply for all credit card transactions

3. Cheque made payable to PLATINUM Professional Development for the amount of \$_____

How did you hear about this workshop?

Website Colleague Email Facebook LinkedIn

As a courtesy we will email you with upcoming events, eNews articles and special offers, should these contact details be provided above. Please tick this box if you do not wish to receive.

PLATINUM Professional Development reserves the right to refuse any applicant registration to the workshop.

Cancellation Policy: Full refund will be given up to 30 days prior to event. Cancellation 30 to 7 days prior to the event will incur a \$100 administration fee. Nil refund will apply 7 days or less prior to the event. PLATINUM Professional Development reserves the right to cancel any event at any time with no responsibility to applicants other than to fully refund all monies paid to PLATINUM Professional Development.