

Registration and Enrolment Form

First Name:

Last Name:

Address:

State:

Postcode:

Work Phone:

Mobile:

Email:

Please select your course:

Course Level : II III IV Diploma

Course Name:

Payment Details:

I enclose cheque made out to "The Australian Salesmasters"

Please debit my credit card

Visa Mastercard Amex Bankcard

Amount \$

Card Number:

Name on Card:

Expiry Date:

Card Holder Signature:

Note: Enrolment is only accepted with full payment.

Any learning difficulties:

**Distance
Learning
Course**

How to enrol:

**Fax your completed
Registration and
Enrolment Form to
The Australian
Salesmasters:**

Fax: 02 9700 8988

Post:

Your completed form:

**Distance Learning
Director
Australian Salesmasters
PO BOX 638,
Rosebery NSW 2018**



Office use only:

Received /
Enrolled /
To Accounts /
Confirmed /

Notes: _____

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