Open Program Enrolment Form

Please return to:
Post: PO Box 200, Spring Hill Qld 4004
Fax: 07 3832 2497 Phone: 13 16 48
Email: courses@aimqld.com.au
Book online: www.aimcourses.com.au

Delegate Details

Title:	First Name:	Surname:
Position:		Department:
Organisation:		
Postal Address:		
Suburb:	State:	Post Code:
Phone:	Fax:	Mobile:
Email: *		
☐ Non member	☐ Personal Member #	☐ Corporate Member #
Individual needs: (eg. vegetarian, wheelchair access):		Qantas Frequent Flyer #:

AIM Course Details

Mode: F (face to face) or O (online)

Course Code	Course Name	Mode	Date(s)	Cost	Delegate Number

Are you doing this course as part of a Certificate or Qualification? ☐ Yes ☐ No

Student ID N°

Authorising Officer

Title:	First Name:	Surname:
Position:		Department:
Postal Address:		
Suburb:	State:	Post Code:
Phone:	Fax:	Mobile:
Email:		

Payment Details

☐ Cheque / Money Order: please make payable to: **AIM Qld & NT** ☐ Purchase Order N° _____

☐ Debit my credit card for $ (please tick and print all details clearly)

☐ Bankcard ☐ Diners ☐ MasterCard ☐ Visa ☐ AMEX (ID N°) ☐☐☐☐

Card N° ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: __/__

Cardholder's Name: _____

Cardholder's Signature:

Terms & Conditions

This course enrolment is submitted with acknowledgment and acceptance of the *Terms and Conditions of Enrolment* outlined in AIM's Course Directory or at **www.aimqld.com.au**. ALL bookings received are considered firm bookings. * In providing your email address, AIM has assumed inferred consent to contact you about its products and services via commercial electronic messaging.

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OFFICE USE ONLY	Taken by:	Date:
	Source:	☐ Privacy Accepted