

# Canberra School of Photography Registration Form

For information on registration:

Tel: (02) 6232 5250 (BH)

Mobile: 0412 412 223

Fax: (02) 6288 5278

Email: IreneLorbergs@ozpix.com.au

Location

Canberra School of Photography

Level 1, 68-70 Dundas Court

PHILLIP ACT 2606

Postal Address

PO Box 3455 Weston Creek ACT 2611

## To enrol complete the following and Email, Fax or Post

Course Title:		Day / Eve:		Course Date:	
First Name:		Surname:			
Address:					
Suburb/City:		State:		Post Code:	
Tel:		Mobile			
Fax:		Email:			

## Payment - Please include your full payment with your registration

Method of payment:	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Cash <input type="checkbox"/>
Credit Card Details:	Bankcard <input type="checkbox"/>	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	
Name on Card:				
Card Number:	/	/	/	CVN No:      Expiry Date : / /

CVN 3 Digit Card Verification Number. For your safety and security we require that you enter your card's verification number. The verification number is a 3-digit number printed on the back of your card. It is the 3 numbers at the end of your card verification number.

Signature: \_\_\_\_\_

<b>Payment by EFT appreciated:</b> Irene Lorbergs Photography BSB: 082 902 A/c: NAB 48796 7095 Please notify us by email payment and your reference	Please make cheques payable to: <b>"Irene Lorbergs Photography"</b>
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**Refunds for cancellation**  
 Refunds for cancellation by participants will not be made unless advised 14 days prior to the date of the booked course. Any cancellation will incur a handling fee of \$30

**Reasons for doing this course:** Work Related  Hobby:  Camera Used:

**Indemnity**  
 I participate in this course entirely at my own risk and understand the Canberra School of Photography, its employees and tutors are indemnified in case of injuries or damage caused to me while being in the Canberra School of Photography or on any field trip or excursion

Signature : \_\_\_\_\_ Date:      /      /

## Optional - Completing the following will be appreciated as it will assist us in planning our courses.

Do you use a PC <input type="checkbox"/> or a Mac <input type="checkbox"/>	What photo editing software do you use? :				
Where did you hear about us?	Referral: <input type="checkbox"/>	Flyer: <input type="checkbox"/>	Print Media <input type="checkbox"/>	TV/Radio <input type="checkbox"/>	Web Search <input type="checkbox"/>