



MDS Training Professional Development Registration Form

ALL details on the Registration Form
be completed.

DETAILS

FULL NAME: _____

POSTION: _____

EMPLOYER: _____

ABN: _____
(for invoicing purposes)

MAILING ADDRESS: _____

PHONE NO: _____

EMAIL: _____

FAX NO: _____

MOBILE: _____

It is essential we have a means of contacting
you quickly if there are late changes)

COURSE DETAILS

TITLE: _____

DATE: _____

How to register

Please forward the completed registration forms
to MDS by fax, mail or email.

MAIL:
MDS Training

PO Box 284
CAMPBELLTOWN NSW 2560

PHONE: (02) 4621 8400

FAX: (02) 4625 4487

EMAIL: Training2@mdservices.com.au

WEB: <http://www.mdstraining.com.au>

TERMS AND CONDITIONS

Payment:

MDS Training will issue an invoice to the
address provided when the registration form
is received.

MDS ABN 98 003 008 928.

Confirmation:

**Confirmation of registration will be
delivered by email.**

Cancellations:

We make every attempt to ensure that
courses run, however, MDS Training
reserves the right to alter any arrangements,
including cancellation of courses if required.
We will notify you as soon as possible.

Refunds/Transfers:

Please choose your course carefully. Once
your registration is processed, refunds or
transfers can only be arranged in the
following circumstances:

- Refunds or transfers will be made where a
course is cancelled or changed by MDS
Training;
- Refunds can be issued only if notification
is received by MDS **fourteen (14) days
prior to the workshop.**
- Transfers between staff members within
the same organisation is permitted for the
same course.
- NOTE: Non-attendance of registered
participants will incur the full registration
fee.

Making a formal complaint about the service:

The Complaints Form appears on the MDS
Web site. Alternatively, contact our reception
and Complaints Form be forwarded to you.



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Payment options:

Cash

Present at reception at level8/138 Queen St Campbelltown with your completed enrolment form and staff will assist you to access our accounts department

Direct Deposit

Amount \$

Reference: (Your Name)

Account name: Macarthur Disability Services
Bank and Branch: Commonwealth Bank Campbelltown
BSB: 062 517
Account: 28039625

Cheque or Money order

Enclosed is a cheque/money order for \$_____ made out to MDS Ltd

Credit Card Details

Card Type: MasterCard Visa (please tick)

Card Number

Amount

<input type="text"/>	\$ <input type="text"/>
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Expiry Date (mm/yyyy)

CVV Number (3 digit verification number at the back of card)

Cardholder's Name

Cardholder's Signature

Customer Authorisation

If in join name/s both signatures may be required

By signing below, I/we acknowledge that this Direct Debit arrangement is governed by the terms of Authorisation the DDRSA attached to this request. I/We also authorise to verify (if need be) the det of the account with my/our Financial Institution mentioned above and for that Financial Institution to release information to in order to allow it to verify the above account details.

Signature

Signature

Date

Date

Once you have selected a payment method, and completed the enrolment form you can:

1. Fax: Attention MDS Training on 4620 4048
2. Email: training2@mdservices.com.au
3. Post: PO Box 284 Campbelltown NSW 2560