



**PUBLIC TRAINING CLIENT INFORMATION**

In order to raise an invoice and register you/your staff member/s for the course you wish to attend, can I please ask you to complete the following information and return to [admin@blueknot.org.au](mailto:admin@blueknot.org.au): **Please complete the payment details on page 2 of this form.**

TRAINING NAME	TRAINING DATE

First Name	Surname
<b>Email:</b>	

Job Title	Company

Address		
Suburb	State	Post Code

Phone number

**Dietary requirements:**

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**Account Manager/approval officers contact name and email**

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**How did you hear about the training?**

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**president**

Dr Cathy Kezelman AM

**patron**

Thomas Keneally AO

ABN 49 072 260 005

**ambassadors**

Jane Caro

Rose Parker

Christine Foster

Detective Chief Inspector Peter Fox

**blue knot helpline** 1300 657 380

education & training

information & resources

advocacy & health promotion

other services

**contact**

T 02 8920 3611

E [admin@blueknot.org.au](mailto:admin@blueknot.org.au)

W [blueknot.org.au](http://blueknot.org.au)

PO Box 597 Milsons Point NSW 1565

## PAYMENT VIA CREDIT CARD

Credit Card Type

Visa       MasterCard

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CCV Number (last 3 digits on back) \_\_\_\_\_

I authorise to charge the agreed amount of \_\_\_\_\_ to my credit card provided herein.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Email: \_\_\_\_\_

***Thank you for your purchase, training course will be processed once payment has been received.***

### president

Dr Cathy Kezelman AM

### patron

Thomas Keneally AO

ABN 49 072 260 005

### ambassadors

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