

# PD Enrolment Form for 2005



## Personal Details **Complete a new form for each staff member**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**ICT in Education Victoria**  
Professional Teachers' Association

Statewide Resources Centre Level 2 Room 10  
150 Palmerston Street, Carlton Victoria 3053  
Tel: +61 3 9349 3733 Fax: +61 3 9349 5356

www.ictev.vic.edu.au  
Email: ictev@ictev.vic.edu.au  
Registration No. A0021926A ABN 86 970 163 407

## School (Organisation) Information

School / Organisation Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Organisation Email \_\_\_\_\_

Web Address \_\_\_\_\_

Membership No.:

## Bookings

**1. Complete a new form for each staff member. Fax to: 9349 5356**

**2. Ensure that all the details are completed, especially the contact details. Please make cheque payable to ICTEV or ICT in Education Victoria.**

Venue:	Date:	PD Title:	Cost:
<b>TOTAL</b>			

Full Cardholder Name \_\_\_\_\_

Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_ Signature \_\_\_\_\_

## Method of Payment

- Cash
- Credit Card
- Cheques

**(Please make cheque payable to ICTEV or ICT in Education Victoria)**

\$

- Visa
- Bankcard
- Mastercard

**All prices are inclusive of GST. This document will be considered a tax invoice for GST purposes once it is paid. Please photocopy and keep for your records.**