

PD Enrolment Form for 2002



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.ictcv.vic.edu.au
Email: ictcv@ictcv.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.:

Workshop Registration will be conducted via the web and email

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.

Course Code:	Date:	PD Title:	Cost:
TOTAL			

Method of Payment

- Cash
 Credit Card
 Cheques

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

\$

- Visa
 Bankcard
 Mastercard

Full Cardholder Name _____

Card No. _____

Expiry Date _____ Signature _____

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.