



PC Users Group (ACT) Inc

Grant Cameron Community Centre
 Level 2A, 27 Mulley Street
 HOLDER ACT 2611
 Ph (02) 6287 2922
pcug@pcug.org.au www.pcug.org.au

(Office Use Only)

- Date Paid:
- Payment by:
- Trans No.:
- Other:
- Receipt: email counter
- MYOB:

ABN 94 130 344 129

(Form Edition Date: 3 Mar, 2014)

PCUG Training Booking Form - Student

Expressions of interest

Application

Course / Workshop Title: _____

Start Date: _____ Finish Date: _____

Trainer: _____ Notes: _____

Course Applicant Details

PCUG Member: YES NO

Title	First Name	Middle Name	Surname	PCUG Membership or Reference N°
Postal Address				Postcode
Phone (home)	Phone (work)	Mobile	Fax	
Email address (1)		Email address (2)		

Course Fees

<input type="checkbox"/> Course Fee	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Non-member levy	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> \$ _____

**GST Tax Invoice /
 receipt required ?
 (issued via email)**

- No
- Yes

TOTAL DUE: \$ _____

Payment Information (all prices include GST)

Credit Card (please circle)
 Visa / MasterCard

Credit Card N° (or cheque details) :

Cash (at Centre)

Expiry Date: _____ / _____

Cheque (to PC Users Group (ACT) Inc)

Card Signature: _____

Name on Card / Cheque: _____