

q Expressions of Interest

q Training Booking Sheet



www.pcug.org.au/training

Office Use Only

Fill in any details

training@pcug.org.au all notified

q
q

Course / Workshop: _____

Start Date: (1) _____ Time: _____ Finish Date: _____ Time: _____

Other Dates:(2) _____ (3) _____ Access & Security: _____

N° of Places: _____ Trainer: _____ Email: _____

N° of places set by Trainer to maximum of 11 places or 12 places if the Trainer does not need the workstation or the projector

N°	Name (Comments)	FEE \$ _____ [] TOTAL [] per SESSION		PCUG / U3A Membership N°	Date Booking Taken	Office Mgr Email	Training Email	Call at Office	Paid	training @pcug. org.au notified	Attended
		Phone	Mobile								
		Email									
1						q	q	q	q	q	q
2						q	q	q	q	q	q
3						q	q	q	q	q	q
4						q	q	q	q	q	q
5						q	q	q	q	q	q
6						q	q	q	q	q	q
7						q	q	q	q	q	q
8						q	q	q	q	q	q
9						q	q	q	q	q	q
10						q	q	q	q	q	q
11						q	q	q	q	q	q
12						q	q	q	q	q	q