



# The Financial Services School

## REGISTRATION FORM/TAX INVOICE

PLEASE COMPLETE FORM IN BLOCK LETTERS. PAYMENT MUST ACCOMPANY REGISTRATION FORM.

### REGISTRATION DETAILS

NAME	EMAIL	CURRENT STUDENT ✓
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

### BUSINESS DETAILS

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

### WORKSHOP DETAILS

WORKSHOP CODE \_\_\_\_\_

NAME OF WORKSHOP \_\_\_\_\_

**CURRENTLY ENROLLED STUDENTS MAY ATTEND WORKSHOPS FREE OF CHARGE AS PART OF THEIR COURSE ENROLMENTS.**

**PAYMENT DETAILS**

**EFT**

**Account Name:** The Financial Services School

Bank: CBA

BSB: 064-185

Account Number: 1012 6269

Reference: Your first initial and surname (eg. J Smith)

**CREDIT CARD**

Please debit my credit card  Visa  MasterCard (please tick ✓)

**Payment Amount**     \$ \_\_\_\_\_

Card Number

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Cardholders Name \_\_\_\_\_

Expiry Date     □□ / □□

Signature of Cardholder \_\_\_\_\_

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