

CQHR Registration Form

Program Name: _____

Program Date: _____ / _____ / 20_____

Participants Name(s) _____

Other Participants Names: _____

Organisation _____

Address _____ P/C _____

Phone _____ Fax _____

E-mail _____

Contact Person: _____

Payment Options

Direct Debit details

BSB: 064-710

Account Number: 1050 4318

Credit Card

Card Type: Visa Mastercard Bankcard Expiry Date: ____/____

Number of Attendees: _____ Total Amount: \$ _____

Name of Cardholder: _____

Cardholder's Signature: _____

Or Post to PO Box 9931, Frenchville, North Rockhampton, Q, 4701.

Register by fax 49265783 or call 0419286937. Confirmation will be sent by email or email admin@cqhr.com.au.