

**This document is a Tax Invoice**

ABN 96 909 240 922

**Enquiries**

**M: Jane 0408 080 450**

**M: Neil 0418 101 585**

**E: info@archersfield.com**

**Fees**

Fees cover meals (within specified training hours only), tuition and workbooks. Any required accommodation and travel expenses are not covered by the program fees.

**Terms and Conditions**

Payment in full must be made prior to commencement of the program. Unless a program is sold out, submission of this registration form confirms your place in the program.

**Cancellation Policy** – A substitute delegate is welcome with written notification. Cancellations received up to 8 weeks prior to commencement of the program will incur a 50% withdrawal fee. For cancellations received within 8 weeks of commencement of the program, no refund will be issued. Every effort will be made to contact each registrant should a program be rescheduled or cancelled for any reason. If a program is rescheduled or not held for any reason, Archersfield Consulting and Management’s (Archersfield) liability is limited to the program fee only.

**Indemnity** - Archersfield reserves the right to change the venue and/or speakers of any program due to circumstances beyond its control. In the event of changes to venue or speakers, or cancellation of the program, Archersfield is indemnified against any or all costs, damages, expenses, including legal fees, which are incurred by the registrant/s. In the case of a venue change, all reasonable efforts will be made to inform attendees.

**ENROLMENT**

**Participant Details**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Contact Person Details (if different to participant)**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Workplace address: \_\_\_\_\_

**Program Choices (please tick your program choices below)**

Sohail Inayatullah (\$1100)

**Payment Method**

Please invoice me \$ \_\_\_\_\_ (Payment within 14 days)

Please find cheque enclosed \_\_\_\_\_

Please accept my payment via EFT \_\_\_\_\_

Please charge my credit card \_\_\_\_\_

Credit card Type: Visa / Mastercard

Card no \_\_\_\_\_ Expiry \_\_ / \_\_

Signature \_\_\_\_\_

Send to: Archersfield Consulting & Management Pty Ltd  
PO Box 248, Moffat Beach, Qld 4551

**EFT Details**  
Account Name: Archersfield Consulting & Management  
Account Number: 168002317  
BSB: 084484  
Reference: Executive Academy