| wORKSHOP REGISTRATION FORM Complete the following Registration form and return to **training@dsrb.org.au** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Please select the workshop you wish to register. click on the drop down selectionwORKSHOP Title: Choose an item. | | | | | | |
| Workshop Date: Click here to enter a date. | | | | | | |
| PART A: | | | | | | |
| Participant details Please insert the details of the person to attend the workshop | | | | | | |
| Name: Click here to enter text. | | | | | | |
| Organisation: Click here to enter text. | | Position: Click here to enter text. | | | Or Private: Y  N | |
| Address: Click here to enter text. | | | | | | |
| Suburb: Click here to enter text. | State: WA | | | P Code: Click here to enter text. | | |
| ***Note:*** *Please enter participant email address for the workshop confirmation details to be sent to. Please include a mobile in case of last minute urgent workshop change notifications.* | | | | | | |
| Email: Click here to enter text. | Phone: Click here to enter text. | | | Mobile: Click here to enter text. | | |
| part b: | | | | | | |
| payment options Please tick Option 1 or 2 | | | | | | |
| **Option 1** **Request Invoice Emailed** to payment contact details below (ensure payment contact details are completed below) | | | | | | |
| **Option 2** **Direct Payment** to Development Solutions RB Bank Account (details below) | | | | | | |
| Account Name: **Development Solutions RB Pty Ltd**  BSB Number: 086 699 Account number: 540215168  Reference: the invoice number | | | | | | |
| payment contact Please insert the person/organisation contact responsible for payment | | | | | | |
| Participant:  (invoice will be emailed to contact details above) or Workplace: ☐ (please complete contact details below) | | | | | | |
| Organisation: Click here to enter text. | | | Dept: Click here to enter text. | | | |
| Purchase order #: Click here to enter text. | | | | | | |
| Contact Name: Click here to enter text. | | | Position: Click here to enter text. | | | |
| Phone: Click here to enter text. | E-mail: Click here to enter text. | | | Fax: Click here to enter text. | | |
| Postal Address: Click here to enter text. | | | | | | PCode: Click here to enter text. |
| Withdrawal or cancellation | | | | | | |
| **Please note upon submitting this form you agree to the withdrawal or cancellation policy of Development Solutions RB.** The following refunds apply if withdrawing from a workshop- 100% refund for more than 28 days notification, 75% for 27-21 days, 50% for 21-7 days , 0% for less than 7 days notification. Development Solutions RB provides a 100% refund for any workshop cancelled by us. | | | | | | |

Please add me to the mailing list to be notified of future workshops: