

## Crystal Reports | Training Course Confirmation

(Please fax back to 02 9238 0991)

### Subject | Crystal Reports Introductory, Intermediate, Advanced Training

Course name:	
Crystal Reports software:	
Crystal Reports version:	
Curriculum level:	
Company name:	
Course dates:	
Venue:	
No. of attendees:	
No. of training manuals:	
Names of attendees: (please enter names here)	
Total cost:	\$                      ex-GST

#### Course | Payment method: (Please complete one)

Credit Card Payment:

Circle Card type:                      Bankcard    |    Mastercard    |    Visa

Name of Cardholder: .....

Card Number: .....

Expiry Date: .....

EFT Payment:

Transfer funds directly into the following bank account:

Bank:                      ANZ  
 Branch:                      Chatswood, NSW  
 Account Name:              Provida Pty Ltd  
 BSB:                          012-266  
 Account No:                  499612291

Account Payment:

Please provide billing address.

.....  
.....  
.....

Accounts payable contact person: .....

Purchase Order number: .....

Name of person requesting the training: .....

Position: .....

**Course | Terms & Conditions:**

- At least 5 business days notice in writing of cancellation prior to the course commencement date is required else a cancellation fee equivalent to the cost of the course will be payable.
- Cancellation of training after airfares and accommodation have been booked (if applicable) will result in these travel costs being due and payable to Provida Pty Ltd.
- Courses may be postponed to a later date only if at least 5 business days notice is given. A course can only be postponed once, without incurring the cancellation fee.
- Payment for any course must be made within 14 days of the completion of the course.
- Refunds are not given, but credit for future training courses will be offered provided 5 business days notice is given in writing.

**Course | Agreement:**

I (insert name) ..... agree to the conditions related to the booking of this course.

.....  
Signature of authorised person/s

.....  
Date