



NTADC Customised Training Registration

ORGANISATION	
Contact:	Role:
Phone:	
Email:	
Module:	
Quotation No:	QT202_____ Purchase Order No:
Training Date:	
Training Time:	
Authorised Officer:	Name: Signature:
PARTICIPANTS	
Interpreter required (please specify)	
Other special needs e.g. dietary, disability, literacy, medical	
TRAINING VENUE	
Venue Contact:	Role:
IT / Equipment onsite:	Laptop:
	Projector/ SmartScreen:
	Speakers:
Parking info:	

ANYTHING ELSE YOU'D LIKE US TO KNOW

PAYMENT RESPONSIBILITY

Organisation:	
Name of Person:	Role:
Phone:	
Email:	

Please note: This signed form confirms your booking. Fees may apply if you cancel later. Please refer to our cancellation policy at <https://adc.nt.gov.au/education-and-training>.

Invoices for training will be sent out on completion of the workshop.

Email this form to: antidiscrimination@nt.gov.au