

NTADC Public Training Registration

Training Course		Date	
Participant Name¹			
Organisation		Role	
Phone		Mobile	
Email			
Work Address			
Participant needs Any special dietary needs, eg gluten free, vegetarian, vegan etc			
Other special needs e.g. interpreter, large print, extra reading time, mobility needs			
Payment Responsibility			
Name²		Position	
Organisation			
Email			
Postal address			
ABN			
Purchase Order No. If your organisation requires one		Phone number	

NB: This form confirms your booking. Fees may apply if you cancel later. Please refer to our cancellation policy at www.adc.nt.gov.au/education_training.html.

¹ Please complete page 2 to register additional participants and/or courses

² NT Government organisations, please list the person who processes LTFs for your work unit

Course/Participant 2			
Training Course		Date	
Participant Name			
Organisation		Role	
Phone		Mobile	
Email			
Work Address			
Participant needs Any special dietary needs, eg gluten free, vegetarian, vegan etc			
Other special needs e.g. interpreter, large print, extra reading time, mobility needs			
Course/Participant 3			
Training Course		Date	
Participant Name			
Organisation		Role	
Phone		Mobile	
Email			
Work Address			
Participant needs Any special dietary needs, eg gluten free, vegetarian, vegan etc			
Other special needs e.g. interpreter, large print, extra reading time, mobility needs			
<p>Email this form to: antidiscrimination@nt.gov.au</p> <p>Invoices for training will be sent out on completion of the workshop.</p> <p>For queries or more information please phone:</p> <p>ADC Office 08 8999 1444 Anika Frieling 08 8999 1461</p>			