

## NT ADC Public Training Registration

|  |  |                     |  |
|--|--|---------------------|--|
| <b>Training Course</b>   |  | <b>Date</b>         |  |
| <b>Participant Name</b>  |  |                     |  |
| <b>Organisation</b>  |  | <b>Role</b>         |  |
| <b>Phone</b>   |  | <b>Mobile</b>       |  |
| <b>Email</b>   |  |                     |  |
| <b>Work Address</b>  |  |                     |  |
| <b>Participant needs</b><br>Any special dietary needs, eg gluten free, vegetarian, vegan etc |  |                     |  |
| Other special needs<br>e.g. interpreter, large print, extra reading time, mobility needs     |  |                     |  |
| <b>Payment Responsibility</b>  |  |                     |  |
| <b>Name<sup>1</sup></b>  |  | <b>Position</b>     |  |
| <b>Organisation</b>  |  |                     |  |
| <b>Email</b>   |  |                     |  |
| <b>Postal address</b>  |  |                     |  |
| <b>ABN</b>   |  |                     |  |
| <b>Purchase Order No.</b><br>If your organisation requires one                               |  | <b>Phone number</b> |  |

<sup>1</sup> NT Government organisations, please list the person who processes LTFs for your work unit

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

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](http://www.adc.nt.gov.au/education_training.html).

| Course/Participant 2   |  |        |  |
|--|--|--------|--|
| Training Course  |  | Date   |  |
| Participant Name   |  |        |  |
| Organisation   |  | Role   |  |
| Phone  |  | Mobile |  |
| Email  |  |        |  |
| Work Address   |  |        |  |
| Participant needs<br>Any special dietary needs, eg gluten free, vegetarian, vegan etc  |  |        |  |
| Other special needs<br>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<br>Any special dietary needs, eg gluten free, vegetarian, vegan etc  |  |        |  |
| Other special needs<br>e.g. interpreter, large print, extra reading time, mobility needs   |  |        |  |
| <p><b>Email this form to: <a href="mailto:antidiscrimination@nt.gov.au">antidiscrimination@nt.gov.au</a></b></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>Janet Bell 08 8999 1450      Anika Frieling 08 8999 1461</p> |  |        |  |