



NTADC Customised Online 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	

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