



Public Training Course Participant Registration

| | |
|--|--------------------------|
| Training Course: | Date of Training: |
| Participant Last Name: | First Name: |
| Organisation: | |
| Position Held: | |
| Phone Number: | Mobile: |
| Email: | |
| Work Address: | |
| Any special dietary requirements of participant? (e.g. gluten-free, vegetarian, dairy-free, vegan, etc.) | |
| Any other special needs/requirements of participant? (e.g. large print, extra reading time, interpreter, wheelchair access, etc.) | |

Person Responsible for Payment

| | |
|--|-----------------------|
| Name¹: | Position Held: |
| Organisation/Section: | |
| Email: | |
| Postal Address: | |
| ABN: | |
| Quote No. <i>(if quote has been obtained)</i> | Quote Amount: |
| Purchase Order No. <i>(if your organisation requires one)</i> | Phone No: |

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

¹ NT government organisations, please list the person who processes LTFs for your work unit.

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