

REGISTRATION FORM

I wish to register for the _____
_____ course, to be held on
_____ at _____

- A detailed administration instruction and an account for payment will be forwarded when your place on the course is confirmed.
- **A surcharge of \$250 + GST will be made for late registrations which close one month prior to the course start date.**
- Please forward completed form to:

**Kevin Campbell
Course Manager
SMS Training
P O Box 1364
Invercargill
Fax (03) 214 2410**



REGISTRATION DETAILS

Surname: _____

Given Name: _____

Mr/Mrs/Ms/Miss/Dr/Rank/Title: _____

Name for Name Badge: _____

Organisation: _____

Postal Address: _____

Ph #: _____ **Mobile #:** _____ **Fax #:** _____

Email: _____

Special Requirements (meals, wheelchair access, flight arrangements etc): _____

Registrations close one month prior to course start date