

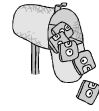


REGISTRATION FORM

www.itd.net.au

To register for any Course complete the following details:

Mr/Mrs/Ms/Miss/Other: Your Name:
MBTI Type: Company Name:
Work Address:
State: Postcode:
Work Phone: Fax:
Home Address:
State: Postcode:
Home Phone: Home Fax:
Mobile: Email:



Please mail this form to:
ITD, PO Box 208
Lidcombe NSW 1825
Australia



Or Fax to ITD on:
(02) 9749 1359
International: +612 9749 1359

Terms and Conditions.

Cancellations for All Courses:

Please consider your registration carefully as No refunds are given if you cancel, regardless of circumstances. However you may transfer your position to another Course, in which case Transfer Fees apply.

Transfers to other Courses:

A Transfer Fee will be charged for transfers to another course. The transfer fee for all professional courses is 20% of the course fee. For personal development courses the transfer fee is \$25.

Changes to courses:

If insufficient numbers are enrolled for a course ITD reserves the right to shorten the class hours or to cancel the course. Participants will be notified of any changes. If a course has to be cancelled refunds will be paid to those who paid.

Concessions:

Concessions are not available on any Professional Workshops. Pensioners, full-time students, and registered unemployed persons may be entitled to a discount on Personal Development courses only. To obtain a concession, you must provide a current Centrelink Health Care or Pension card.

Registrations for Full-time students must provide proof of full-time student status & proof they are in receipt of a Centrelink payment or the equivalent.

Otherwise full course fees will be charged.

Office use only:

Date received:

BB MY FM

Invoice No:

T/F details:

Date:

Fee: Inv:

BB MY FM ITDRF0502

Are you an Accredited MBTI or Majors PTI practitioner? YES/NO

If yes, where Accredited? Date:
(If yes, attach a copy of certificate only if not Accredited through ITD)

Please tick if MBTI Accredited by ITD within last 12 months to receive 10% disc off fee!

Are you a Psychologist? YES/NO Psychologist Registration Number:

If you are a Psychologist, please attach evidence of Registration as a Psychologist.

Please read the Terms & Conditions before proceeding.

Please tick I have read and agree to abide by the 'Terms and Conditions'

Signature: Date:

Any special physical/dietary needs:

Step 2: The Course you wish to attend -Full payment is required with registration.

Course: Location: Date:

Course fee: \$

Postage Is Calculated using Aust Post scales. \$

Step 3: What books/materials do you require?

\$
\$
\$
\$
\$
\$
\$
\$

Total payment required: \$

I was referred to this course by/heard of this course through:

Step 4: Method of payment (NB: payment confirms placement in Course)

Cheque enclosed for \$ Make cheque payable to 'Institute for Type Development'

Please charge my Visa Bankcard Mastercard AMEX Diners (please tick one)

Card Number:

Expiry Date: Name Card:

Signature: Amount to be debited to card \$

Please make receipt to: Your Name Company Name