



# REGISTRATION FORM

## Cutting Edge Selling Skills

**When:** Thursday 21<sup>st</sup> & Friday 22<sup>nd</sup> June 2012

**Where:** Suite 1, Level 14, 100 Walker St North Sydney

**Day 1 Start:** Arrive 8.45am for 9:00am **Finish:** 5:30pm

**Day 2 Start:** Arrive 8.45am for 9:00am **Finish:** 5:30pm

**Early Bird Special: SAVE \$300**

**\$995** inc GST per person if registered AND paid by Friday June 8<sup>th</sup> 2012

**\$795** inc GST per person for group of 3 or more registered at one time AND paid by Friday June 8<sup>th</sup> 2012

**From** Friday June 8<sup>th</sup> 2012

**\$1,295** inc GST per person

**\$995** inc GST per person for group of 3 or more registered at one time.

### Attendees:

	Name	Position	Email
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____
4:	_____	_____	_____
5:	_____	_____	_____

### Primary Contact:

**Title:** MR  MISS  MRS  MS       **First Name:** \_\_\_\_\_      **Last Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_      **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Postcode:** \_\_\_\_\_

**Ph Work:** \_\_\_\_\_      **Ph Home:** \_\_\_\_\_      **Ph Mb:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_      **Fax:** \_\_\_\_\_

### Credit Card Payment:

**Credit Card Type:**      Mastercard       Visa       Bankcard  (complete attached form)

**Name on Card:** \_\_\_\_\_      **Expiry Date:** \_\_\_\_\_

**Card Number:**                          

**Signature:** \_\_\_\_\_      **Amount:** \_\_\_\_\_

### Cheque Payment:

I will mail a cheque for \$ _____	Please post cheques to: Impact Training Corporation PO Box 1542 North Sydney NSW
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Please fax/email completed registration form to: (02) 9929 0434 or [office@impact-training.net](mailto:office@impact-training.net)

Please call 02 9955 1500 if you have any questions

Looking forward to seeing you there!