

Learning Event Details																								
Event Name:			Event Date(s):																					
Participant's Details (for Group bookings, please attach a separate sheet for each participant)																								
Name:																								
Position:																								
Organisation:																								
Postal Address:																								
				Postcode:																				
Phone No:			Fax No:																					
Email address:																								
Please advise us of any Access or Equity issues: Wheelchair/ Disabled Access <input type="checkbox"/> English as Second Language <input type="checkbox"/>																								
Dietary or Allergy Requirements <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____																								
Program Fees (All prices are GST-inclusive)																								
Early Bird <i>(Paid up to 3 weeks in advance)</i>	Magical Learning Club Members	Non-Members	Groups <i>(2 or more Learners)</i>	Amount to be Paid:																				
\$595	\$595	\$630	\$500	\$																				
<input type="checkbox"/> Direct Deposit: St George Bank BSB: 112-908 Account No: 002 061 835 Account Name: Magical Learning P/L																								
<input type="checkbox"/> Cheque (Payable to Magical Learning Pty Ltd). Please post with this form to PO Box 9225 Deakin ACT 2600																								
Credit Card (please indicate card type)	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>	Diners Club <input type="checkbox"/>																				
Card Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							
Expiry Date (mmyy)	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>						CCV No (3-digit security number on the back of your card)	<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>																
Name on Card			Signature																					
Fax this form to	02 6260 8221	Post this form to	PO Box 9225 Deakin ACT 2600																					
<p>We really appreciate receiving your payment prior to the Learning Event commencement. We will always endeavour to re-schedule you on a later Event if you can't make it on your nominated date. Regrettably, we may be unable to refund any fees if your registration is withdrawn less than 5 working days before the Event.</p>																								