

Please complete the following form to allow our Support Team to secure the proposed date/s for your workshop. It is important that the details contained within this form are as accurate as possible, as a project plan will be developed to prepare for your customised workshop. Details will also be used for the preparation of invoices/quotation. A deposit will be required once you have booked, with the balance required prior to the event as per your agreed terms and conditions.

Company Name: _____

Trading Name (if different to Company Name): _____

ABN/ACN: _____

Postal Address (for accounts): _____

Street Address: _____

Workshop Contact Person Details

Name: _____

Phone Number: _____

Mobile Number: _____

Email Address: _____

Accounts Contact Person (if different to above)

Name: _____

Phone Number: _____

Mobile Number: _____

Email Address: _____

Workshop Details

- Workshop Topic: Certificate IV in Project Management Practice (2 x 2 day workshop blocks)
 Diploma of Project Management (3 x 2 day workshop blocks)
 Diploma of Business (4 x 2 day workshop blocks)
 Short course – please detail topic in additional information below

Proposed Date/s: _____

Proposed Location: _____

Number of Participants: _____

Additional Information: _____

*By completing and submitting this form, you agree to the terms & conditions
(www.developmental.com.au/terms_and_conditions.pdf)*