

Registration

Participant Information

Name of Course:	
Date of Course:	Preferred Title:
First Name:	Last Name:
Organisation:	ABN No:
Position Held:	
Contact Address Work:	
Contact Number Work:	Fax:
Mobile:	Email:
Please indicate any specific needs you may have, for example disability, dietary, medical, language -	

Person responsible for payment

First Name:	Last Name:
Position Held:	Email:
Contact Address Work:	
Purchase Order No (if applicable):	Contact Number Work:

Invoices will be sent out on completion of the workshop

Send registration form/s to: eoc@eoc.wa.gov.au or fax form to: 9216 3960

Equal Opportunity Commission
PO Box 7370
Cloisters Square
PERTH WA 6850

To find out more information about the courses, or to discuss your training options please contact the Commission on (08) 9216 3900 or email eoc@eoc.wa.gov.au.