



RTO CODE: 51695

Correspondence Medical Reception Course Registration Form

Course	Weekday	Start Date	End Date	TICK
Correspondence Medical Reception Course	ANY	ANY	6 months from commencement	

STUDENT NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

DATE OF BIRTH: _____ EMAIL: _____

BY SIGNING THIS ENROLMENT FORM, IT SHOWS THAT YOU HAVE READ, UNDERSTOOD AND AGREED TO THE TERMS AND CONDITIONS BELOW.

DATE: _____ SIGN: _____

PAYMENT DETAILS: CHEQUE (ENC) MONEY ORDER (ENC) CREDIT CARD

CREDIT CARD NUMBER: _____ EXP: ____ / ____

NAME AS IT APPEARS ON CREDIT CARD _____

CVN: _____

AMOUNT PAYING _____ (Please note 1% surcharge applicable to credit card payments)

Note – We do not accept Diners, American Express or Amex cards

Please Note – Our office does not have EFTPOS facilities.

ALL CHEQUES/MONEY ORDERS ARE TO BE MADE PAYABLE TO MEDITRAIN AND SENT TO THE PO BOX LISTED ABOVE. COST OF THE COURSE IS \$695.00 (FULL PAYMENT MUST BE RECEIVED AT LEAST ONE WEEK PRIOR TO COMMENCEMENT OF ANY COURSE)