



## EXPRESSION OF INTEREST

**NAME OF WORKSHOP:** .....

**PREFERRED DATE(S):** .....

**TIMES:** .....

**TOWN / CITY:** .....

Applicant Information:

Applicant Details	
Full Name of Applicant <i>(Please Print)</i>	
Full Postal Address	
Company Name	
Company Address	
Contact Phone: .....	Mobile: .....
Email: .....	
Any further comments or information required?	

### Company Training Policies

Course Numbers: *Insufficient registrations will result in the course being cancelled and registration fee returned.*  
Postponement: *In the event of a course being postponed, participants will receive as much warning as possible and will receive notification of next available course offered.*