Australian Organisation For Quality

REGISTRATION FORM – TRAINING COURSE

Name of course:_____

Candidate name:_____ (or attach a list of candidates)

Phone:_____ eMail:_____

CERTIFICATION PROGRAMMES ONLY:

Industrial/work experience: It is a pre-requisite that the candidate wishing to apply for Certification must meet the respective eligibility criteria for industrial/work experience. Please check the information carefully before registering for these training programmes.

Examination: Work History must accompany this application if you wish to take the ASQ Examination. ASQ examination fees are not included.

Booking / invoicing contact: _____

Organisation: _____

Address: _____

Phone: _____ Fax: _____

eMail: _____

☐ AOQ Member ☐ Non-member

☐ Please send AOQ membership information

REMITTANCE:

Please send us this registration form in full with your payment to:

Post: AOQ (Vic) Inc
PO Box 1246
HAWKSBURN VIC 3142

OR Fax: 03 8598 9733

OR Scan/eMail: office@aoqvic.org.au

Amount = $_____

☐ **Cheque:** Enclosed via post with this form payable to: "Australian Organisation for Quality (Vic) Inc".

☐ **Credit Card:** ☐ VISA ☐ Master Card ☐ Amex ☐ Diners

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Name on Card (please print):_____

Signature:_____ Expiry Date:____/____

☐ **Direct credit:** Upon receipt of this form, a tax invoice will be sent to your eMail address for your immediate attention.