

Core3daCADemy Course Registration Form



Course Name: _____

Course Date: _____

Customer Details

Customer Account Number: _____

Clinician Name: _____

Clinician #2 Name: _____

Clinician #3 Name: _____

Email Address: _____

Special Dietary Requirements: _____

If no customer account number, please also fill out the following details:

Practice Name: _____

Address: _____

Phone Number: _____

Other Auxiliary Staff Attending

Name: _____

Name: _____

Marketing

I agree to allow Core3dcentres and Core3daCADemy to use pictures, videos or the like for potential marketing materials

Name: _____ Date: _____

Where did you hear about our course? Word of mouth Brochures Email Social Media Other: _____

Payment Total Course Amount: _____

Charge to customer
account number:

Credit Card

Card Type: MasterCard Visa Amex (3% surcharge)

Card Number: CVV:

Expiry Date: /

Name on Card: _____ Authorised By (Name): _____

Please email this form to events@core3dcentres.com.au or fax (+61) 2 9887 4010

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