

Professional Development Programs (Sales & Marketing) Student Enrolment Form

**Return Fax:
+61 (03) 9614 2728**

**All Information is
Strictly Confidential**

1. Program Name (s) _____

2. Student Details:

Family Name: Mr/Mrs/Ms/Miss/Dr _____ Given Name: _____

Mailing Address: _____

Country: _____ State: _____

Contact Nos.: Work Tel: _____ Mobile: _____

Email: _____ Age: _____

Special Needs (Yes/No) (details) _____ Occupation: _____

Qualifications: Undergraduate _____ Post Graduate _____

Company Name: _____ Industry Experience: < 3 yrs >3 yrs

3. Sales & Marketing Program (GST exempt):

	Classroom	Distance
<input type="checkbox"/> Conflict Management	<input type="checkbox"/> \$795	<input type="checkbox"/> \$500
<input type="checkbox"/> Dealing with difficult customers	<input type="checkbox"/> \$395	<input type="checkbox"/> \$250
<input type="checkbox"/> Developing High Performance Teams	<input type="checkbox"/> \$795	<input type="checkbox"/> \$500
<input type="checkbox"/> Effective Communication Skills	<input type="checkbox"/> \$795	<input type="checkbox"/> \$250
<input type="checkbox"/> Negotiation Skills	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$650

4. Preferred Workshop Location and Dates (Please complete if applicable):

Location: Melbourne/Sydney/Brisbane Date(s): _____

5. Payment Details (Please ✓ according):

Please debit the amount \$ _____ to my: Visa Mastercard

No.:

Card Holder's Name: (Please Print) _____ Expiry date ____/____

Card Holder's Signature: _____

A bank transfer has been made to "Investment Banking Institute Pty Ltd" BSB: 033000 Account: 548202

Transfer Date: ____/____/____ Bank of Origin: _____ Reference _____

Please Complete the Student Enrolment Form and Fax to +61 (03) 9614 2728

Confirmation of your Course and Course Materials will be sent to you upon receipt of payment.

6. Student Declaration:

I declare that I have read the Student Information Guide and agree to the terms and conditions stated therein and are incorporated by reference. I further declare that all the information provided by me is true and correct. I also grant Investment Banking Institute Pty. Ltd. consent to use my personal information, course feedback and email information about other future courses.

Signature: _____ Date ____/____/____

Phone +61 (03) 9804 0701

Website www.ibi.edu.au

Email training@ibi.edu.au

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