

National Mediator Accreditation

TAX INVOICE/RECEIPT ABN 73602311255

Location: Melbourne

Date: 19, 20, 21, 26, 27 and 28 August 2019

Name:			
Organisa	ation:		
Address	:		
E-Mail:			
Phone:			
Special or requirer	-		
-		0 inclusive of GST. f paid and registered by 19/07/2019	
	l enclose a cheq	ue/money order payable to Stonten Pty Ltd	
	I have directly d	leposited to: Stonten Pty. Ltd. BSB 013 304 Account Number 254758831	
	Please ensure the	nat the name or organisation is inserted as the remitter for identification purposes.	
	Please charge my Visa /Master Card account. I understand that Credit Card payments will incur an additional fee of 2%.		
	Card Number:		
	(Expiry Date):	// CCV:	
	Name on Card		
	Amount A\$:	Signature:	

Please mail this completed form and your payment to: Jim Cyngler Consulting PO Box 1075 Hawksburn VIC 3142

OR email completed form to: <u>admin@jimcyngler.com</u>

*Registrations must be accompanied by payment or notification of payment. No refund will be made in the event of nonattendance. Registration may be cancelled in writing not less than (5) business days prior to the seminar and the registration fee less a \$50 handling fee will be refunded.

> CYNGLER CONSULTING w | www.cynglerconsulting.com e | contact@cynglerconsulting.com p | (03) 9528 1414 a | PO Box 1075 Hawksburn 3142