



Vertigo Training Services



IRATA training course Booking form

Please complete the following information

SURNAME: _____

FIRST NAME: _____

COMPANY: _____

ADDRESS: _____

_____ **POSTCODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

Course title: IRATA training and assessment

Number of personnel attending: _____ places @ \$1,650.00 per person* (incl GST)

Date of course: ----- **Course IRATA Assessment Level** _____

A deposit of 20% of the course cost per person is required to secure a booking. This deposit is non-refundable, but is transferable in accordance with the terms and conditions (available on request). The balance of the course payment is due on the first day of the course. (assessment will only be performed when full payment has been received).

Enclosed is a cheque / money order (please circle) to the value of \$ _____
Please make cheques / money orders payable to 'Vertigo'

Please send confirmation by:

POST **FAX** **EMAIL**

* Note, additional administrative fees may be charged for non-standard applications for registration (refer to "Guidelines for applications for IRATA Registration" 2006).

VERTIGO SPECIALIST HIGH ACCESS SERVICES P/L ABN 68 006 021 503

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Please reply to:

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