

## Registration Form

### MANUFACTURE COFFS COAST TWO DAY WORKSHOP

#### Tendering and Documentation Development

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Number attending: \_\_\_\_\_

Payment method (cheque / credit card) \_\_\_\_\_

**Please fax completed form to Louise Potter on 6658 0303**

**By Monday 16<sup>th</sup> November 2009**