

MOULD REMEDIATION COURSE REGISTRATION

IICRC AMRT

Location: Melbourne

Date: 16th – 19th of March, 2010

Pre-requisite: IICRC WRT

AMRT Exam Fee: \$150 – payable directly to IICRC at the time of the exam

Company Name:

Contact Person:

Address: State:..... Postcode:.....

Telephone: Mobile:

Fax: Email:

| | | | |
|--------------------|--|-----------------------------|-----------------------------------|
| Name of attendees: | Does the person hold a current IICRC Water Damage Qualification (Please attach evidence – copy of current IICRC card) If no, please write when they plan to attend the Water Damage Course | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Water Damage Course _____ |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Water Damage Course _____ |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Water Damage Course _____ |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Water Damage Course _____ |

Course Fees - The IICRC Mould Remediation Course has a fee of \$1750* per person.

*There are no discounts that apply to this course.

To secure a place, you will need to select the payment option that most suits you:

- FULL PAYMENT** – Please complete payment section below
- 3 INSTALLMENTS** –\$750 per person deposit NOW AND 2 payments of \$500 per person on a payment plan due \$500 1/2/2010 & \$500 1/3/2010
Please note that if you are registering after 31st January 2010 the 1st Payment due on 1/2/2010 will be \$1250.



Direct Deposit
Account Name: Jena Dyco International
Bank: Commonwealth Bank
BSB: 063 138
Account no.: 10432320
Reference: your name
Please fax/Email us bank confirmation



Bank Cheque or Money Order
made payable to:
Jena Dyco International
PO Box 2258 Caulfield Junction VIC 3161



Credit Card:
Record your credit card details below.

Card Type: Visa Mastercard

Card Number:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Expiry Date: ___ ___ / ___ ___ Name on Card:

Signature: Amount: