

Low Risk Driving Course Booking Form

This form is to be used to pre-purchase a position/s on Corporate Driver Training Australia's one-day Low Risk Driving Course. Training can be delivered in two ways:

Individuals: You can book a position on a course for yourself or another person. If you would like to book a position on a course go to section 'A' below. You must pre-purchase your position. A full catalogue of course dates and venues can be found at the Bookings Page at CDTA's web site: www.cdta.com.au/bookings.php

On-Site: You can arrange for CDTA to come to your site, anywhere in Australia or Asia Pacific. If you would like to arrange a training course on-site, go to section 'B' below.

In all cases, your training will be confirmed by email within two working days of lodging your request. Your email confirmation will have 'Before you Arrive' information attached, which includes, where, when & how to prepare details.

Where a course is either full, or cancelled, CDTA will automatically confirm your position on the next available course at the same location.

Cancellation Penalty:

If a person withdraws from a course with less than 14 clear business day's notice, or if you fail to attend on the day for any reason, CDTA may impose a cancellation penalty of up to 100% of the course fee. Substitutions may be made at anytime without penalty.

Section A – Individual Registration

These details are the contact details for the person attending the training. If you are arranging the training for someone else, please complete Section 'A' with the individual's details and Section 'B' with your contact details. Please note all fields are mandatory.

* First Name: _____ * Last Name: _____
* Business: _____ * Employee #: _____
* Telephone: _____ * Email: _____
* Preferred Date: _____ * Venue: _____

Training Approval:

* If your training request requires line managers approval.

* Employee Signature: _____ * Managers Signature: _____

Please debit my credit-card a total of \$352.00 for one position on CDTA's Low Risk Driving Course:

* Credit Card Type: _____ * Number: _____
* Expiry Date: _____
* Postal Address: _____
_____ * Post Code: _____

CDTA will post you an original tax invoice & credit-card receipt of payment within 7 working days.

Section B – Contact Details of Coordinator or Request for On-site Training

If you are arranging training for someone else, or you would like CDTA to deliver training on-site, what are your contact details?

* First Name: _____ * Last Name: _____
* Email: _____ * Telephone: _____

**Fax registration form to Corporate Driver Training Australia 1800 827 442
or Email to; info@cdta.com.au - Free Call 1800 757 615**